



CITY OF CARLISLE

---

# ANNUAL REPORT

OF THE

## MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1955



JAMES L. RENNIE,  
M.D., F.R.F.P.S. (Glasgow), D.P.H.  
MEDICAL OFFICER OF HEALTH





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# ***Health Committee 1955-56***

Chairman—Councillor BARRETT

Deputy Chairman—Councillor Miss WELSH

Alderman BOWMAN

Alderman Mrs. SHEPHERD

Alderman Mrs. THOMSON

Councillor DERRY

Councillor KEENAN

Councillor MATTHEWS

Councillor SMITH

Councillor SOUNESS

## **OTHER COMMITTEES CONCERNED WITH PUBLIC HEALTH MATTERS**

**Education Committee**—School Health Service.

**Welfare Services Committee**—Administration of the appropriate Sections of the National Assistance Act, 1948.

**Water and Baths Committee**—Water Supply.

## **SENIOR PUBLIC HEALTH OFFICERS**

Medical Officer of Health,	-	JAMES L. RENNIE,
Principal School Medical Officer,		M.D., Ch.B., F.R.F.P.S.
and Chief Welfare Service Officer		(Glas.), D.P.H.
Assistant Medical Officers of	-	JAMES C. B. CRAIG,
Health and		M.D., Ch.B., D.P.H.
School Medical Officers	-	CHRISTINA M. ANDERSON,
		M.B., Ch.B., D.P.H.
Principal Dental Officer — Educa-	-	THOMAS W. GREGORY,
tion and Health		L.D.S. (Ed.), L.R.C.P., etc.
Dental Officer, Education and	-	Miss C. M. BARRETT, L.D.S.
Health		(Dundee) (to 31-8-55).
Dental Officer, Education and	-	Miss P. L. ROTHWELL,
Health		B.D.S., L.D.S. (Manchester)
		(from 10-10-55).
Chief Sanitary Inspector	-	ERNEST BOADEN,
		A.M.I.San.E.
Chief Clerk	-	L. OATES.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report on the health of the City for the year 1955.

The Vital Statistics show little change from previous years; any variation could be accounted for by the relatively small population under review.

Shortage of water resulted from the long-continued drought and water rationing, which from a Public Health point of view would have been disastrous, was avoided only by the most stringent economies by industry and the citizens generally. Further clearance areas involving 18 houses were declared, and at the time of writing the orders have been confirmed. Lack of Sanitary Inspectors has held up the work on housing and unless more inspectors can be recruited it will be difficult or impossible to keep up the outlined programme of slum clearance.

The success of the scheme for the disposal of refuse by controlled tipping has been such that we no longer have worries about acquiring tipping sites but are harrassed by other departments and private owners who would like unprofitable land tipped up by this department.

From the point of view of infectious disease, 1955 was a quiet year. The incidence of tuberculosis is tending to decline, but, as will be seen from Dr. Morton's report, this is no time to relax our efforts to reduce if not eradicate this serious disease.

On the 1st March, 1955, the Minister of Agriculture, Fisheries and Food declared Carlisle and the surrounding area to be an Eradication Area for the purposes of the Tuberculosis (Area Eradication) Order, 1950, and at the time of writing all infected cattle have been slaughtered and Carlisle is now within a specified area. This should reduce to negligible proportions the chances of infection with the bovine type of tubercle bacillus.

For some years now the preventive services to the individual have been claiming an increasing proportion of time. Since the retirement of Mr. Davidson, the Administrative Officer for Welfare Services, in June, 1955, all services provided under the National Assistance Act have been centred on the Health Department, which in future will be known as the Health and Welfare Department. This action does not mean that any less attention will be paid to environmental services without which most of the personal services would be futile.

I desire to record my thanks to all members of the staff of this Department for their willing service and to acknowledge the help and co-operation received from other officers of the Corporation and Government Departments and Boards, general practitioners and hospital staffs.

To the Chairman and Members of the Health Committee I desire to express my thanks for the help, encouragement and support they have given me throughout the year.

I am, Mr. Mayor, Ladies and Gentlemen,


Your obedient Servant,

JAMES L. RENNIE.

Medical Officer of Health.



**SECTION I**  
**VITAL STATISTICS**



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## VITAL STATISTICS

Area (acres) ... ..	6092
Population (1955) Estimate of Registrar-General ... ..	68700
Rateable Value ... ..	£502,374
Sum Represented by a Penny Rate ... ..	£1930

### EXTRACTS FROM VITAL STATISTICS OF THE YEAR

#### (Registrar-General's Returns)

The rates given in square brackets are those which would have applied had it been possible to transfer out Scottish births and deaths as explained in my Annual Report for 1953.

Live Births—	Total.	M.	F.
Legitimate ...	1126	587	539
Illegitimate ...	43	24	19
Birth rate, 17.02 [15.81] per 1,000 population.			

Birth rate per thousand of the population as corrected by Area Comparability factor of 0.95 is 16.17.

Still-births . ...	39	15	24
Rate 32.28 [33.81] per 1,000 total births.			
Deaths ... ..	834	425	409
Death rate 12.14 [11.69] per 1,000 population.			

Death rate per 1,000 of the population as corrected by Area Comparability factor of 1.06 is 12.87.

Deaths from diseases and accidents of pregnancy and child- birth ... ..	Nil
--	-----

Death rate of Infants under one year of age per 1,000  
live births—

Legitimate ... ..	26.64
Illegitimate . ...	46.51
Total, 27.37 [28.55]	

Deaths from Whooping Cough (all ages) . ... ..	1
„ Diarrhoea (under 2 years of age) ... ..	1

### POPULATION

The estimate of the population at mid-year 1955 supplied by the Registrar-General was 68,700. This figure has been used in making the appropriate calculations in this report.

## **BIRTHS**

### **Live Births**

The total number of live births credited to the City during the year was 1,169, giving a birth rate of 17.02 per thousand of the population. It should be borne in mind that 83 of these were children of Scottish mothers who had their confinements in Carlisle.

### **Illegitimate Live Births**

43 (including 2 Scottish) of the above births were illegitimate, so that the illegitimacy rate was 36.78 per thousand of the total live births.

### **Still-births**

There were 39 (including 1 Scottish) still-births during the year; that is an increase of 4 on the 1954 figure. The still-birth rate was 32.28 per 1,000 total births, compared with 30.22 during 1954.

## **DEATHS**

The total number of deaths credited to the City was 834 (including 31 Scottish), producing a death rate of 12.14 per thousand of the population.

Table 1 shows the cause of death and the age at death of the 834 persons mentioned above.

### **Maternal Mortality**

No women died as a result of complications of pregnancy and child-birth during the year.

### **Infantile Mortality**

There were 32 deaths of children under one year of age (including 1 Scottish) credited to the City, giving an infantile mortality rate of 27.37 per thousand live births. The number of deaths in 1954 was 40 and the rate was 35.62 per thousand live births.

Table 2 shows the causes of deaths of all the children. It will be noted that practically two-thirds of the deaths took place during the first four weeks of life.

TABLE 1

CAUSE OF DEATH	Deaths within subjoined Age Groups credited to the City as a result of Conditions shown									Total Deaths whether of "Residents" or "Non-residents" in Institutions in the City
	All Ages	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and under 75	75 and upwards	
1	2	3	4	5	6	7	8	9	10	11
All Causes { Certified	770	31	2	6	4	41	173	212	301	500
Uncertified	64	1	—	—	—	6	27	17	13	40
Tuberculosis, respiratory	13	—	—	—	1	3	5	2	2	4
Tuberculosis, other	2	—	—	—	—	1	—	1	—	—
Syphilitic Disease ...	3	—	—	—	—	1	1	—	1	2
Diphtheria ...	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	1	1	—	—	—	—	—	—	—	1
Meningococcal Infections	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases ...	—	—	—	—	—	—	—	—	—	—
Malignant neoplasm —	—	—	—	—	—	—	—	—	—	—
„ Stomach	19	—	—	—	—	2	7	4	6	12
„ Lungs & Bronchus	17	—	—	—	—	1	7	8	1	11
„ Breast	12	—	—	—	—	2	4	2	4	8
„ Uterus	7	—	—	—	—	2	3	1	1	8
Other malignant and lymphatic Neoplasms	66	—	—	2	—	4	22	20	18	58
Leukaemia, Aleukaemia	—	—	—	—	—	—	—	—	—	3
Diabetes ...	2	—	—	—	—	—	1	1	—	5
Vascular lesions of nervous system ...	129	—	—	—	—	6	29	38	56	69
Coronary disease, angina	140	—	—	—	—	4	48	51	37	39
Hypertension with heart disease ...	24	—	—	—	—	—	4	13	7	5
Other heart disease ...	157	—	—	—	—	3	18	39	97	75
Other circulatory disease	42	—	—	—	—	1	8	9	24	24
Influenza ...	2	—	—	—	—	—	1	1	—	—
Pneumonia ...	24	7	—	1	—	1	3	6	6	12
Bronchitis ...	27	—	—	—	—	1	11	10	5	12
Other diseases of respiratory system ...	3	—	—	—	—	1	1	—	1	3
Ulcer of the stomach and duodenum ...	7	—	—	—	—	—	3	2	2	10
Gastritis Enteritis and Diarrhoea ...	4	1	—	—	1	2	—	—	—	5
Nephritis and Nephrosis	5	—	—	—	—	—	1	2	2	5
Hyperplasia of prostate	4	—	—	—	—	—	—	2	2	3
Pregnancy, childbirth, abortion ...	—	—	—	—	—	—	—	—	—	—
Congenital malformations	9	9	—	—	—	—	—	—	—	9
Other defined and ill-defined diseases ...	81	14	2	2	—	3	14	14	32	118
Motor vehicle accidents	11	—	—	1	2	3	4	—	1	13
All other accidents ...	18	—	—	—	—	4	2	3	9	25
Suicide ...	5	—	—	—	—	2	3	—	—	1
Homicide and operations of war ...	—	—	—	—	—	—	—	—	—	—
TOTALS ...	834	32	2	6	4	47	200	229	314	540

TABLE 2

CAUSE OF DEATH	AGE						MONTH										Total Deaths under one Year					
	Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 4 Weeks	4 Weeks and under 3 Months	3 Months and under 6 Months	6 Months and under 9 Months	9 Months and under 12 Months	January	February	March	April	May	June	July		August	September	October	November	December
All { Certified Causes } Uncertified	17	2	1	1	21	4	4	1	1	6	2	2	2	4	2	1	2	1	1	5	4	31
Prematurity ....	8	—	—	—	8	—	—	—	—	—	—	—	1	2	—	1	—	—	—	1	3	8
Congenital Malformations	5	1	—	—	6	2	1	—	—	2	1	1	—	1	—	—	1	1	—	1	1	9
Pneumonia ....	—	1	—	—	1	3	2	1	—	2	1	—	1	—	1	—	—	—	—	2	—	7
Birth Injuries ....	3	—	—	—	3	—	—	—	—	1	—	1	—	—	—	—	1	—	—	—	—	3
Whooping Cough	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
*Gastro-Enteritis	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Septicaemia ....	—	—	—	1	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Fibrocystic Disease of Pancreas	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	1
Unknown cause (Open verdict at inquest)	1	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
TOTALS	17	2	1	1	21	5	4	1	1	6	2	2	2	4	2	1	2	1	—	6	4	32

\* Scottish.

## Deaths Due to Cancer

Table 3 sets out the deaths from Cancer from 1946-55.

**TABLE 3**

1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
115	...111	...121	...118	...124	...127	...106	...124	...141	...121

## Inquests

During the year the City Coroner held 54 inquests. Of this number 26 related to deaths of persons who resided within the City and 28 to persons who resided in other districts but who died within the City.

An inquest was held on the body of an unknown child found in a house in the City, but it was not established whether the child had had a separate existence.

## Uncertified Deaths

74 deaths were registered in which no certificate was given by a medical practitioner, and in which no inquest was held. 62 of these were in respect of City residents.

During 1954 the number of such deaths registered was 70.

## Mortuary

33 bodies were removed to the Public Mortuary, post-mortem examinations being made in 32 instances.



**SECTION II**  
**SANITARY CIRCUMSTANCES**





## SANITARY CIRCUMSTANCES

### WATER SUPPLY

The rainfall during the early part of the year was unexceptional but a prolonged spell of hot, dry weather began in early July and included 29 consecutive days without rain. During this period record daily, weekly and monthly consumptions of water occurred, and it is interesting to note that the demand could not have been met without the new 16-inch trunk main between Cairn Bridge and High Wood; which was only completed and brought into service a month previously.

The use of hosepipes was prohibited in mid-August and appeals for economy resulted in the demand dropping to the seasonal normal, but the drain on the storage reservoir continued and in the first week in October only 55 million gallons remained in store. Preparations were made to erect standpipes in the streets for rationing domestic supplies and the fullest publicity was given to the critical situation and the need for a drastic reduction in consumption. A good response by domestic and industrial consumers brought the consumption down to the lowest recorded since April, 1938. The advent of normal rainfall later in the month gradually improved the storage position and no further restrictions were necessary.

Difficulties of this nature are liable to occur until the River Eden scheme has been completed. During the year the Minister of Housing and Local Government ordered a public enquiry into the Corporation's proposals to be held, and the Order under Sections 23 and 26 of the Water Act, 1945, authorising the abstraction of 4,000,000 gallons per day from the River Eden has since been made.

Regular bacteriological examinations have been made of the water in its various stages of treatment at Castle Carrock Works. In all, 43 samples of the fully treated water have been examined bacteriologically, and all showed the water leaving the treatment plant to be highly satisfactory.

On 29th December the area chemist for the Co-operative Society reported that a sample taken at Botcherby Dairy on 19th December was bacteriologically unsatisfactory. Check samples taken next day were highly satisfactory and the cause of the unsatisfactory sample is not known. Pollution through a ball hydrant is possible and a programme for the conversion of all these hydrants is in hand.

The chemical examinations made during the year showed that the tendency for the water to be plumbo-solvent remains, and experiments are being made to determine whether it can be eliminated or reduced. This work, together with the bacteriological examinations of the water, is being carried out by the Sewage Works Manager and Chemist who was appointed in October.

During the year more than 4 miles of water main were laid in connection with new housing and industrial development, and included 12-inch, 10-inch, and 8-inch diameter mains in Norfolk Street, Norfolk Road, Dalston Road, Wigton Road, and Dunmail Drive to supply the first stage of Morton Estate.

Table 4 below shows the total quantity of water supplied and the quantity per head per day for the past three years.

**TABLE 4**

			No. of galls.	Gallons per head per day
1953	...	...	1,246,565,000	42.69
1954	...	...	1,261,000,000	43.18
1955	...	...	1,291,000,000	44.21

### **SEWERAGE AND SEWAGE DISPOSAL**

I am indebted to the City Engineer and Surveyor for the following Report:—

Works on the construction of new sewers have formed one of the major parts of my Engineering Department's activities during the last twelve months. Seven miles of new estate sewers have been laid in connection with the development of Stage 1 of the Morton Neighbourhood, and, in addition, about one mile of 48-inch diameter pipe has been completed which will divert the water from Dowbeck into Fairy Beck, this being necessary to deal with the considerably increased storm flow from the Morton Neighbourhood. The first mile of the Morton outfall sewer has been completed and is now in operation from Wigton Road to Skiddaw Road, and the final details of the remaining length of just over one mile from Skiddaw Road to Willow Holme Sewage Works are now awaiting the approval of the Minister.

The increased development on the Durranhill Industrial Estate and the erection of the new Metal Box factory has necessitated considerable work in connection with the disposal of surface water from these areas, and, in addition to the work that the Metal Box Company are undertaking to my design, an existing outfall to the River Petteril has been duplicated and an open watercourse considerably improved.

Work has commenced and should shortly be completed on the scheme for improving conditions in the culvert conveying Gosling Syke through Waverley Road. This entails the laying of a new sewer to pick up the many house connections which at the moment pass through this culvert, causing obstruction to the flow. The scheme for the relief of sewers north of the River Eden, together with the scheme for a relief sewer for the Blackwell area and Upperby housing estates, have now reached final design stage and will be submitted to the Ministry for approval at a very early date.

The work on Stage 1 of the reconstruction of Willow Holme Sewage Disposal Works has now been completed. Sixteen rotary filters are now installed and operating and the whole of the new pumping plant is working. Results so far obtained indicate that a considerably improved effluent is being produced. The second stage of the works, namely, major alterations to the sedimentation tanks and the installation of mechanical sludge scraping gear, the provision of sludge treatment tanks and drying beds, is now being designed and will be submitted to the Ministry during the coming year.

Normal maintenance repairs, flushing of sewers, connection of numerous new private houses and minor extensions to existing sewers to drain new houses have been carried out during the year.

**REFUSE COLLECTION AND DISPOSAL**

I am indebted to Mr. Sheldon, the Director of Public Cleansing, for the following Report on the work of his section:—

Refuse was collected from all domestic premises twice weekly and from the central shopping area four times weekly, except on Bank Holidays. Salvage collections were made from all premises each Wednesday. Twelve refuse collecting vehicles of the side loading type and one open type salvage lorry, together with 38 refuse and salvage collectors, were continuously engaged on this work. The year showed a considerable improvement in the stability of the refuse collection staff. In previous years there has been a much larger turnover of labour due to many employees leaving for other employment after only a short period, and this is most undesirable as it tends to reduce the efficiency of the service.

No new vehicles were purchased during the year and the fleet consisted of 15 vehicles as follows:—

- 8 Tiller steering type S. and D. Freighters.
- 3 Wheel steering type S. and D. Refuse Collectors.
- 3 Karrier Bantam Refuse Collectors.
- 1 Karrier Bantam Salvage Lorry.

Maintenance of the vehicles was carried out by the two mechanics employed at the Cleansing Depot, and they also carried out maintenance on the other vehicles employed in the Health Department.

Statistics relating to the quantity of house and shop refuse collected are as follows:—

	Estimated Weight.
Number of loads.	Tons.
14,952	22,480



### **Refuse Disposal. Controlled Tipping.**

Refuse was disposed of by fully controlled tipping at Botcherby and at Upperby tips.

Some 7 to 8 acres of poor quality land adjoining the River Petteril at Botcherby have now been covered by a single six-foot layer of tipping, the topsoil replaced and the land returned for agricultural purposes in an improved condition. It was envisaged that this process would continue over the whole area of land between the River Petteril and Durranshill Road, a very extensive acreage giving a tipping life of eight or nine years, but the sale of the greater part of this land to the Metal Box Company restricted the area available for tipping to such an extent that the amount left would last only about six months. In view of the necessity to retain a site suitable for the reception of commercial refuse the tipping of house refuse at Botcherby was discontinued at the end of November and for the remainder of the year all house refuse was disposed of at Upperby tip.

Work on the formation of school playing fields at Upperby by controlled tipping continued during the whole year.

### **Refuse Disposal. Destructor Works.**

A small two-cell destructor works is operated for the burning of putrescible refuse. This works performs a very useful purpose in burning fish offal and other animal and vegetable wastes which are unsuitable for inclusion in controlled tipping when this system is carried out in close proximity to residential property. The following statistics indicate the amount of material disposed of in this manner :

Vegetable and miscellaneous	...	...	...	387 tons
Fish Offal	...	...	...	12 tons
Eggs and chickens	...	...	...	903 bins
Animal carcasses	...	...	...	1834

### **Salvage Disposal**

The baling and sorting of waste paper continued at the Willow Holme baling depot. During the year the tonnage of wastepaper handled exceeded the amount baled during the previous year by 174 tons. The Lister Power Loader which was purchased in August proved of inestimable value in speeding upon the loading rate and reducing the fatigue of the baling staff in handling this increased tonnage.

The work of salvaging and returning to industry other waste materials continues to develop and the following statistics record the amount and nature of salvage recovered and sold during the year:—

				Tons.	Cwts.	Qrs.
Waste paper	...	...	...	927	7	0
Iron	...	...	...	6	18	2
Tins	...	...	...	103	9	0
Other Metals	...	...	...		12	3
Textiles	...	...	...	6	8	2
String	...	...	...	1	16	0
Bottles	...	...	...	4	1	2





**SECTION III**  
**OCCURRENCE AND CONTROL OF**  
**INFECTIOUS DISEASES**



# **OCCURRENCE AND CONTROL OF INFECTIOUS DISEASES**

## **INCIDENCE**

It is gratifying to note that the number of cases of notifiable diseases is well below a thousand. The decline in the number of cases of Measles contributed largely to this fall. In Table 5 are given the details of notifications by disease and age.

**TABLE 5**

DISEASES	Total number of cases notified	Number of cases incorrectly notified	Net number of cases notified	Number of cases notified at various ages							Number of notified cases removed to hospital
				Under 1 year	1-5 years	5-15 years	15-25 years	25-45 years	45-65 years	65 and upwards	
Scarlet Fever ... ..	32	—	32	1	13	17	1	—	—	—	1
Whooping Cough ... ..	311	—	311	34	181	92	1	2	1	—	3
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—	—
Measles ... ..	77	1	76	1	35	37	1	2	—	—	—
Pneumonia ... ..	30	1	29	4	3	1	1	5	10	5	1
ACUTE POLIOMYELITIS—											
Paralytic ... ..	2	—	2	—	1	1	—	—	—	—	1
Non-Paralytic ... ..	1	—	1	—	—	1	—	—	—	—	1
Acute Encephalitis ... ..	—	—	—	—	—	—	—	—	—	—	—
Dysentery ... ..	16	—	16	—	1	5	3	3	3	1	3
Ophthalmia Neonatorum	2	—	2	2	—	—	—	—	—	—	—
Puerperal Pyrexia ... ..	72	1	71	—	—	—	34	37	—	—	8
Smallpox ... ..	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever ... ..	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ... ..	4	—	4	—	—	—	—	1	2	1	—
Malaria (contracted abroad)	1	—	1	—	—	—	1	—	—	—	1
Tuberculosis Respiratory	72	—	72	—	1	4	22	25	11	9	—
Meninges	—	—	—	—	—	—	—	—	—	—	—
Other	7	—	7	—	1	—	3	1	2	—	—
Food Poisoning... ..	9	—	9	1	2	2	1	1	1	1	4
Meningococcal Infection	5	—	5	2	2	1	—	—	—	—	5
Totals ... ..	641	3	638	45	240	161	68	77	30	17	28

## **SCARLET FEVER**

32 cases of this disease were notified during the year, only 1 of which had to be admitted to hospital.

## **DIPHTHERIA**

For the sixth year in succession I am able to report that there has been a complete absence of diphtheria from the City. This satisfactory position reflects great credit on those parents who, in spite of the absence of the disease, have continued to have their children immunised. Only by continuing to immunise every possible child can we hope to be safe from a possible visitation of this killing disease.

## **SMALLPOX**

No case of Smallpox was notified during the year and no vaccinations were undertaken in accordance with the Public Health (Smallpox Prevention) Regulations, 1917.

## **MALARIA**

One notification of this disease, contracted abroad, was received.

## **WHOOPING COUGH**

There were 311 confirmed cases of whooping cough, an increase of 113 on the figure for 1954. There was one death from this disease.

## **MEASLES**

When a community has had recent experience of this disease immunity is built up among even those not affected by it. A severe outbreak does not usually occur until a sufficient number of young susceptible children are born into the district. It is therefore not surprising to note in Carlisle that after 1,057 cases in 1953 and 783 in 1954 there should only be 76 cases in 1955. The low incidence of this disease in the year under review is a matter for thankfulness rather than congratulation.

## **PNEUMONIA**

29 notifications of this disease were received in the course of the year. All these patients recovered, although in the Registrar-General's returns there were 24 deaths due to pneumonia which were not notified.

## **INFLUENZA**

There was no epidemic of influenza in the City during the year. 2 deaths were registered as due to this cause.

## **FOOD POISONING**

There were 9 cases of food poisoning notified during the year. These cases were sporadic. 7 cases were due to *Salmonella* Typhimurium, 1 to *Salmonella*-thompson, and 1 to *Salmonella*-litchfield.

### **DYSENTERY**

The number of confirmed cases of Sonne Dysentery notified during the year was 16.

### **MENINGOCOCCAL INFECTION**

5 cases of meningococcal infection were notified; all recovered.

### **ACUTE POLIOMYELITIS**

There were 3 cases of Poliomyelitis during the year, 2 being Paralytic and 1 Non-Paralytic.

### **PUERPERAL PYREXIA**

71 cases of this condition, but no true case of puerperal fever, were notified during the year.

43 were City residents and 28 were women from other parts having their confinements in City hospitals.

### **OPHTHALMIA NEONATORUM**

There were 2 cases of this disease notified during the year, as compared with 7 in the previous year. Both were City children.

### **TYPHOID AND PARATYPHOID FEVER**

There was no case of either of these fevers in the City.

### **NOTIFICATION FEES**

The total amount paid in fees to medical practitioners for the notification of all notifiable diseases during the financial year 1955-56 was £34 17s. 6d.

### **VENEREAL DISEASES**

I am indebted to Dr. H. J. Bell, Consultant Venerealogist, for the following report:—

A review of the incidence of venereal diseases in Carlisle as judged by the patients applying for advice and treatment at the Special Treatment Department reveals a situation more satisfactory than it has been before. There were no cases of early syphilis and no cases of congenital syphilis in children. The main bulk of the work at the clinic was concerned with conditions which were, strictly speaking, non-venereal. For the rest, the diagnoses were spread evenly between gonorrhoea, non-specific urethritis, and late syphilis. In each of these three categories it was found that the number of patients was less than in 1954.

As I have pointed out in previous reports, it is no longer possible to make an accurate analysis of the incidence of the various types of venereal disease in the city from a study of the figures compiled at the clinics. It is possible that general practitioners deal with nearly as many cases of gonorrhoea in men as I do myself: and this probably applies to non-specific urethritis, too. Nevertheless, from what I have learned in conversation with these practitioners, I know that

the incidence of gonorrhoea is much less in Carlisle than in the other areas of Cumberland or Dumfriesshire, for which I am clinically responsible.

Over England and Wales together there has been an increase in patients with non-gonococcal urethritis, and a decrease in cases with late syphilis. The decrease in late syphilis is reflected in the clinic's statistics for Carlisle, but there the correspondence ends: because patients applying at the clinic for treatment of urethritis showed a reduction by over 50 per cent. as compared with the figure for 1954.

Penicillin still remains the best remedy in the treatment of syphilis, and Terramycin has now proved its superiority in non-gonococcal urethritis and its complications. It is the efficiency and simplicity of treatment by these two drugs that has been largely responsible for general practitioners taking over the management of their own cases. The aqueous suspension of Penicillin Procaine G. is still the most popular preparation among the penicillins. Longer-acting penicillins, such as Benethamine Penicillin and Benzathine Penicillin, while admirable, no doubt, in the 'one-shot' method of treating treponematosiis in native populations, have proved too painful for routine use in our own V.D. Clinics. Lately, the results obtained by the use of the oral preparation, Phenoxymethyl Penicillin (Penicillin V.), have been reported as very encouraging. This compound is acid-resistant and can be given after meals. It is too early yet to suggest that it might displace injection methods of penicillin therapy, especially since so little is known of its absorption and excretion by the body, and of its ability to diffuse into the cerebro-spinal fluid.

One disquieting feature of penicillin therapy in general is the increased incidence of reactions. The immediate (allergic) reactions can be very alarming and dangerous. An emergency tray is now placed in every injection room of the V.D. Clinics, and the staff are instructed in the details of resuscitation. In V.D. Clinics these sudden emergencies are possibly more common than in other departments, because penicillin may be given repeatedly over long periods to the same patient.

One notable advance in treatment has come with Cortisone in the treatment of interstitial keratitis. The prognosis in this disfiguring condition has been completely changed since the introduction of topical cortisone therapy. Used properly and over a sufficient period of time, Cortisone will quickly relieve the pain and irritation in the eye and prevent impairment of vision. Hydrocortisone eye drops give the best results.

### **Non-gonococcal Urethritis**

This disease is still the main proplem of the venereologist. The cause or causes of the condition are as obscure as ever. Most authorities now reject as aetiological agents either a virus or P.P.L.O.



(pleuro-pneumonia-like organisms). The urethral discharge may be bacterial or abacterial and the diagnosis remains purely conjectural: that is, if the urethral discharge shows no evidence of the gonococcus a diagnosis of non-gonococcal urethritis is made (always keeping in mind, of course, the possibility that the urethritis may be caused by tuberculosis, trichomonas vaginalis, strictures, chronic prostatitis, etc.). It is most unsatisfactory and unscientific to have to make a diagnosis in this way. Add to this that the incubation period is unknown (possibly this may be from 2 to 42 days), that female consorts, when examined, show no constant clinical picture, and that married men often contract the disease from faithful wives, and it will be realised how handicapped the clinician remains in his approach to and management of the condition. Luckily, there are a number of antibiotics which give satisfactory results in treatment. Terramycin and Aureomycin are outstanding in this respect. Experiments in the evolution of a scientific skin test have given some encouragement recently. This is a hopeful line of research which most clinicians believe may illuminate the problem in the near future. Comment in a recent Annotation of the British Medical Journal concludes thus: "As one of the diminishing group of infective conditions whose cause is still unknown, non-specific urethritis presents a major challenge to venereologists and to their bacteriological colleagues."





**SECTION IV**

**TUBERCULOSIS AND OTHER CHEST CONDITIONS  
AND MASS RADIOGRAPHY**



# **TUBERCULOSIS**

## **INTRODUCTION**

Our statistics for 1955 continue to show the same trends as were noted in the report for 1954. Whilst the number of new cases of pulmonary tuberculosis found continues to show an appreciable decrease, the drop in the number of those with a positive sputum at the end of the year has been almost halved as compared to 1954. The waiting list for admission to hospital of cases of tuberculosis remains at a low level, but the small number of beds available for the treatment of non-tuberculous pulmonary conditions continues to create a waiting list problem. As pulmonary conditions other than tuberculosis continue to account for the vast majority of cases seen and investigated at the Chest Centre, this lack of beds is serious, particularly during epidemics of acute respiratory illness; in several instances recently we have had to refuse admission to patients whose condition, when first seen at the Chest Centre, warranted immediate hospital admission.

Whilst the results in tubercle are highly gratifying, I would again stress that these should not cause complacency. A further decrease of infection in this community will obviously result in a larger number of susceptible persons who are not only non-infected but who are completely unprotected, and our continued inability to vaccinate with B.C.G. vaccine the large mass of the susceptible population below the age of 13 continues to be a serious gap in our efforts.

As in previous years, a short section on non-tuberculous diseases of the chest is appended. Not only should the steady increase in the number of new cases of pulmonary cancer be noted but also the comparatively low proportion of these new cases who are considered fit for major surgery. As mentioned later, these figures in part reflect the apathy and ignorance which characterises the attitude of the older age groups in the population to regular mass radiography.

## **NOTIFICATIONS**

In the East Cumberland area in 1955 notifications for the pulmonary type of the disease dropped from 170 to 136, and the notifications of non-pulmonary disease dropped from 34 to 31. This decrease was general throughout the area, except in North Westmorland where nine new cases notified in 1955 represented a 50 per cent. increase on the corresponding figure for the previous year. In the Carlisle City area the new pulmonary cases fell from 98 to 74, whilst in the Cumberland County area the corresponding figures were 66 and 56.

This decrease in the number of new cases of tuberculosis is common to most areas in the country, and our figures are comparable

to the other chest areas in the Newcastle Region. There is no doubt but that this decrease is genuine as it has occurred in spite of our efforts to extend our mass radiography surveys and to provide in general enhanced facilities for the examination of suspects.

The mass radiography unit allotted to the Special Area continues to play a vital role, not only in the discovery of new cases of tuberculosis and cancer, but more particularly in examining an appreciable percentage of the population who have never before had a chest x-ray. This percentage, although still small, shows a definite increase, and I have no doubt that provided our factory and public session surveys are carried on with the same intensity and regularity as heretofore, this percentage will slowly increase. There will still remain a hard core of the elderly public who will adamantly refuse to pass through the unit, and this problem will be with us for some time yet. As, however, the older sections of the population die off we should expect much more co-operation from the younger generations taking their place now that these have become accustomed to periodic routine mass radiography examination as part of their way of life. In this older age group there are undoubtedly undiscovered cases of active tuberculous disease, and it is only when their resistance breaks down, or when they are admitted to hospital for an operation and have their pulmonary condition discovered on routine chest x-ray, that we discover these cases. It is unfortunate that these elderly patients should not seek advice before a medical or surgical emergency arises, particularly as immediate hospital treatment is available to all cases, and, if the disease is found early an excellent prognosis can be given.

The assessment of cases of pulmonary tuberculosis as active continues to be a major part of our chest centre work. The number of cases under observation shows a decided increase, and assessment is particularly difficult especially in cases where a patient is symptomless and only presents radiological evidence of a pulmonary lesion.

I must again stress the importance of notifying cases of active non-pulmonary tuberculosis when these are first seen. I called attention to this in the report for 1954, but during this year several further instances have occurred where on enquiring into the family history of a new case of pulmonary tuberculosis a relative with unnotified non-pulmonary tuberculosis has been found.

Table 6 gives the number of notifications throughout England and Wales for the years 1950 to 1955:—

**TABLE 6**  
**Notifications in England and Wales**

Year.			Pulmonary.		Non-pulmonary.
1950	.	...	42,435	...	6,923
1951	.	...	42,696	...	6,744
1952	.	...	41,904	...	6,189
1953	.	...	40,917	...	5,629
1954	.	...	36,973	...	5,375

Table 7 shows the notifications in Carlisle City for 1950 to 1955 :—

**TABLE 7**

Year.			Pulmonary.		Non-pulmonary.
1950	.	...	83	...	7
1951	.	...	92	...	22
1952	.	...	89	...	11
1953	.	...	67	...	13
1954	.	...	90	...	10
1955	.	...	71	...	7

Table 8 shows the number of primary notifications of tuberculosis by age, sex, and type received during the year.

**TABLE 8**

Age Periods	Number of Primary Notifications of new cases of Tuberculosis											Total (all ages)
	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 & up-wards	
Pulmonary—												
Males ....	—	1	2	—	3	5	3	8	3	5	5	35
Females ...	—	—	2	—	10	4	8	6	1	1	4	36
Non-Pulmonary—												
Males ...	—	—	—	—	—	—	—	—	1	—	—	1
Females ...	—	1	—	—	1	2	1	—	1	—	—	6
Totals	—	2	4	—	14	11	12	14	6	6	9	78

There was one further case of pulmonary tuberculosis and one further case of non-pulmonary tuberculosis brought to the knowledge of the Medical Officer of Health otherwise than by formal notification, namely:—Local Registrar's Death Return.

Pulmonary	...	...	M.	75+ age group.
Non-pulmonary	...	...	F.	35-45 age group.

The sex and age distribution of cases seen in 1955 are set out in Table 9 and apply to the City area only, the figures in parenthesis being the number of cases from the whole of the East Cumberland Hospital Management Committee area, including the City of Carlisle, the county area and North Westmorland.

**TABLE 9**

Respiratory	under							
	5	5-15	15-25	25-35	35-45	45-55	55-65	65 plus
Males	1 (4)	3 (3)	8 (11)	4 (10)	10 (15)	3 (11)	6 (13)	4 (9)
Females	- (-)	2 (3)	15 (25)	9 (17)	5 (7)	1 (4)	— (3)	3 (4)
Non-Respiratory								
Males	— (—)	— (1)	— (1)	— (1)	— (—)	1 (2)	— (2)	— (1)
Females	1 (1)	— (—)	3 (4)	1 (8)	— (3)	1 (3)	1 (3)	— (1)

I would particularly draw attention to the very marked decrease in the number of new female cases of tuberculosis in the whole area.

One notes with some satisfaction the drop in the number of new cases in the under 15 age group. I am, however, by no means satisfied that this happy state of affairs is likely to continue. As noted elsewhere in the mass radiography section there is a most serious gap in our preventative service in that teaching and other school staff do not pass through the mass radiography unit as staff when we examine school leavers from their schools. Whilst some members of the staff undoubtedly take advantage of the public sessions, I very definitely feel that the School Medical Department should have a regular assurance that no school staff has evidence of active tuberculous disease. The danger is very great, and although a tragedy has not yet occurred in this area it might easily do so. In Derbyshire in 1952 a teacher was responsible for the finding of active tuberculous disease in 13 children; not only that, but the percentage of Mantoux positive children was found to be extremely high, particularly in the 6 to 7 age group.

Table 10 gives the pulmonary notifications for 1955, and these are further classified as to whether they are infectious or non-infectious, and also the extent of the disease which they have on first



examination. The figures given apply to the city area, whilst the figures in parenthesis again refer to the whole of the East Cumberland area.

**TABLE 10**

**RESPIRATORY**

	R.A.1	R.A.2	R.A.3	R.B.1	R.B.2	R.B.3
Males ...	15 (24)	8 (21)	6 (9)	2 (3)	2 (5)	6 (14)
Females ...	14 (22)	8 (15)	4 (6)	1 (1)	1 (6)	7 (13)
No. of above respiratory cases referred by M.M.R.—						
Males ...	2 (4)	3 (7)	2 (3)	— (—)	— (2)	— (3)
Females ...	5 (9)	2 (9)	1 (2)	— (—)	1 (3)	1 (1)

Table 11 shows the number of cases who first came under our care with definite evidence of cavitation.

**TABLE 11**

	With Cavitation	Without Cavitation	Total	Percentage with Cavitation.
Carlisle City ...	23	51	74	31.08% (43.88%)
East Cumberland .	16	40	56	28.57% (48.48%)
North Westmorland	3	6	9	33.33% (33.33%)
	42	97	139	30.21% (45.29%)

Both these tables show a welcome change in two different ways. First, the number of cases classified as R.B., viz., those who are infectious and have a positive sputum has dropped. Secondly, the number of cases who when first examined present definite evidence of cavitation has also markedly declined. Practically half the new cases of tubercle in 1954 had definite cavitation when first seen, but in 1955 this proportion had dropped to less than one-third. As these figures are all strictly comparable to the figures for 1954 they do show, I feel, a very considerable improvement in the tuberculosis state of this community, and this improvement has been more marked in the county area.

**DEATHS**

Tables 12 and 13 show respectively the number of deaths of tuberculosis in England and Wales, and for the City of Carlisle, for the years 1950 to 1955.

**TABLE 12**  
**Deaths in England and Wales**

Year.	Number of Deaths.					
	Pulmonary.			Non-pulmonary.		
1950	.	...	...	14,079	...	1,890
1951	.	...	...	12,031	...	1,775
1952	.	...	...	9,335	...	1,250
1953	.	...	...	7,913	...	989
1954	.	...	...	7,069	...	828
1955	.	...	...	5,338	...	655

**TABLE 13**  
**Number of Deaths in the City of Carlisle**

Year.	Number of Deaths					
	Pulmonary.			Non-pulmonary.		
1950	.	...	...	24	...	6
1951	.	...	...	22	...	3
1952	.	...	...	14	...	3
1953	.	...	...	13	...	2
1954	.	...	...	14	...	2
1955	.	...	...	13	...	2

Table 14 shows the total tuberculosis and pulmonary tuberculosis death rate per 1,000 of the population for the last 10 years.

**TABLE 14**

Year	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Total T.B. Death Rate	0.77	0.74	0.48	0.74	0.44	0.38	0.25	0.22	0.23	0.22
Pulm. T.B. Death Rate	0.71	0.60	0.45	0.69	0.35	0.34	0.21	0.19	0.20	0.19

A certain amount of criticism of tuberculosis statistics is expressed at various times, and the past 12 months has seen rather more articles written on this subject than usual. It is true that there are certain anomalies and Tables 12 and 13 may be used to illustrate one of these. These both show the number of cases of pulmonary tuberculosis who have died during 1955 but these cases may not necessarily have died from their pulmonary tuberculosis. Indeed, one or two of our cases have died from other causes, in three instances the exact cause of death being the result of a motor accident, nephritis and non-tuberculous pneumonia. It would indeed be very difficult to exactly enumerate deaths from the disease itself. In cases where death has actually occurred from the disease the disease has been of a chronic extensive nature where cure was impossible.

Whilst such anomalies should be borne in mind when reading the statistics, I feel that these make little material alteration to the

actual figures in a chest area such as ours when compared from year to year. It is, however, a very different matter when comparing the statistics of one chest area with those of another chest area, even in the same region, and this is particularly true of notification figures. Some chest physicians notify primary tuberculous hilar adenitis discovered on radiological investigation, whilst others reserve notification of such cases for those exhibiting definite clinical symptoms. Such variations could be largely accounted for by the tuberculisation state of the community concerned, and it may well be that some decades hence tuberculosis may have so diminished that the finding of a primary complex and a positive Mantoux may necessitate notification. In spite of all such anomalies, I feel that the Ministry forms, on which our statistics are based, are reasonably sound and give one an accurate picture of the work done in tuberculosis in any chest centre. If the Ministry forms were further elaborated, as some have suggested, to include diseases other than tubercle, I very definitely feel that the additional information given would not be worth the cost and time of the extra labour involved in compiling such statistics.

### CHEST CENTRE STATISTICS

Table 15 gives the number of cases of pulmonary and non-pulmonary tuberculosis on the Carlisle City register for 1955. The figures in parenthesis in the grand total relate to the corresponding figures for 1954.

**TABLE 15**  
**Cases on Clinic Register During 1955 — Carlisle City**

	Respiratory			Non-Respiratory			Totals			Grand Total
	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	
Cases on Clinic Register on 1st January, 1955 ....	230	265	41	20	30	27	250	295	68	613 (535)
Additions to Register during 1955 ....	38	45	7	1	7	1	39	52	8	99 (130)
Removals from Register during 1955 ....	268	310	48	21	37	28	289	347	76	712 (665)
	21	18	3	4	3	4	25	21	7	53 (52)
Number of cases on Register on 31st Dec., 1955....	248	293	43	20	34	21	268	327	64	659 (613)
Number known to have had a positive sputum within the pre- ceding 6 months	23	15	—	—	—	—	23	15	—	38 (67)

The very striking decrease in the number of cases with a positive sputum, and hence infectious, during the last six months of the year should be noted. Whilst the higher number of deaths for the year has reduced this figure slightly, the major factor has undoubtedly been the intensive therapy, both medical and surgical, which has been carried out during the year.

Table 16 gives the statistical summary of the work done at the Chest Centre during the year.

TABLE 16

## CHEST CENTRE STATISTICS

R. = Respiratory      N.R. = Non Respiratory

	East Cumberland		Carlisle City		North W'land		Total		Total figures 1954	
	R.	N.R.	R.	N.R.	R.	N.R.	R.	N.R.	1955	1954
Number of NEW cases seen :—										
Adult male	322	3	395	1	53	1	770	5	1927	1927
Adult female	253	12	398	7	36	1	687	20		
Male child	96	2	123	3	6	2	225	7		
Female child	86	3	117	3	3	1	206	7		
2 Number of OLD cases seen :—										
Adult male	733	8	992	25	123	10	1848	43	5076	4770
Adult female	836	47	1256	42	89	18	2181	107		
Male child	166	7	295	13	33	2	494	22		
Female child	134	16	200	17	12	2	346	35		
3 Number of NEW contacts! seen :—										
Adult male	282	—	332	—	50	—	664	—	2705	2010
Adult female	391	—	420	—	64	—	875	—		
Male child	245	—	299	—	39	—	583	—		
Female child	208	—	342	—	33	—	583	—		
4 Number of OLD contacts seen :—										
Adult male	37	—	160	—	4	—	201	—	1555	1638
Adult female	78	—	231	—	6	—	315	—		
Male child	179	—	316	—	16	—	511	—		
Female child	168	—	349	—	11	—	528	—		
5 Number of cases seen by physiotherapist :—										
Adult male	31	—	104	—	4	—	139	—	854	996
Adult female	62	—	147	—	3	—	212	—		
Male child	65	—	230	—	6	—	301	—		
Female child	63	—	138	—	1	—	202	—		
6 Number of cases of pneumoconiosis	—	—	—	—	—	—	19	—	19*	45
7 Number of A. P. refills given†	608	—	1013	—	14	—	1635	—	1635	2691
8 Number of P. P. refills given	1389	—	2791	—	100	—	4280	—	4280	4969
9 Number of E. P. refills given	175	—	255	—	51	—	481	—	481	427
10 Screen examinations only	121	—	242	—	13	—	376	—	376	455
11 Aspirations	29	14	43	12	1	—	73	26	99	99
12 Domiciliary visits	—	—	—	—	—	—	314	—	314	366
Total attendances	6757	112	11188	123	771	37	19030	272	19302	20348

\* No. 6 included in No. 1 (Adult Males).

† No. 7 includes Blencathra Sanatorium out-patient refills — 96



These statistics show that the number of new cases seen at the Chest Centre has remained practically constant, and with one exception show comparatively little variation in the over-all picture. They suggest that the work now undertaken at the Chest Centre is now on a reasonably firm basis and that the statistics will not alter appreciably from year to year. The exception referred to is the striking drop in the number of cases attending for minor collapse therapy. Not only have we successfully terminated this treatment in a further group of cases, but there has been a very much smaller number of new cases necessitating this therapy. I anticipate that the numbers of those requiring such therapy will diminish still further in future.

### **CONTACT EXAMINATIONS**

Our contact work has been carried out on the same lines as in 1954 and efforts continue to be conducted on as wide a basis as possible. Child and adolescent contacts continue to be Mantoux tested as well as x-rayed. Contacts continue to include contacts at work as well as family contacts, both immediate and remote. Last year I specifically drew attention to a serious gap in our contact examinations, e.g., in cases where other members of the family were married and were living in different parts of the city or county as the case may be, and particularly if the relative was a married sister. During the past year we have had two further cases of pulmonary tuberculosis in married women whom we had never seen before, and in both cases a sister was already under our care with the disease.

Positive reactors in the 5-7 age group continue to be seen in co-operation with the school medical departments, and have been investigated at the Chest Centre. During the past year two children and two adult cases of active tuberculous disease were discovered as a result of these investigations.

The conversion rate after B.C.G. vaccination remains high. In two cases done during the year the post-B.C.G. Mantoux test was negative, but on repetition they were found to be positive.

The number of contacts found to be tuberculous, for the whole East Cumberland area, notified during the year total seven as compared with 26 in 1954.

Whilst this essential preventative service has worked satisfactorily there are still certain gaps, some of which cannot be corrected without throwing an impossible burden on an already hard worked staff.

Nursing and domestic staff in the hospitals in the East Cumberland Hospital Management Committee area continue to be Mantoux tested and are given B.C.G. where necessary; they are also examined radiologically at intervals.



There is now no question of the efficacy of B.C.G. vaccine in preventing the miliary types of the disease. Since we commenced vaccinating susceptible contacts with B.C.G. vaccine no such contact in this area has been notified as a case of tuberculous disease. Whilst few controlled trials have been carried out in this country, many have been carried out abroad, and these to my mind leave no doubt but that B.C.G. vaccine should be made available to all susceptible persons, and more particularly that every new-born child should have this. As matters stand at present I firmly believe that our future cases of tuberculous disease will be found amongst those individuals who have not been vaccinated with B.C.G. vaccine, and each year's delay in making this vaccination available to all newly-born infants postpones by another year our hopes of completely eradicating the disease from the community.

One should not leave the question of B.C.G. vaccine without mentioning the recent suggestion that Isoniazid, which is now well established in the treatment of the disease, should also be used prophylactically with B.C.G. vaccine. Of the numerous factors involved here, two points appear to me to stand out. First, one would ask how complete is the immunity resulting from B.C.G. vaccination. I personally feel that if a person has been successfully vaccinated by B.C.G. vaccine, and even re-vaccinated later should his allergic state have altered and his Mantoux test have again reverted to negative, that person will not develop active tuberculous disease. Secondly, there is no question but that the prolonged administration of an anti-biotic allows certain bacilli to become resistant to that anti-biotic and for this reason I feel that a powerful anti-biotic such as Isoniazid should not be used prophylactically.

All entrants to one of the largest groups of factories in the county area continue to be x-rayed as a routine, and every effort has been made to induce workers over the age of 45 to attend the mass radiography unit at 12-monthly intervals. This scheme alone has undoubtedly resulted in a very great improvement. Previously this group of factories provided us with a considerable number of new cases of tubercle of varying extent and degree, but during the past year no new case from this group of factories has come to our notice.

The tendency to have routine chest x-rays of all in-patients and out-patients attending any hospital department is spreading; not only are such routine chest x-rays most valuable from the tubercle point of view, but they are of considerable value to the medical staff concerned, particularly the anaesthetist in surgical cases.

## **INSTITUTIONAL TREATMENT**

Table 17 gives the number of beds available for the treatment of tuberculosis in the area covered by the East Cumberland Hospital Management Committee.

**TABLE 17**

Institution.						No. of Beds
Blencathra	...	...	...	...	...	70
City General Hospital	...	...	...	...	...	15
Longtown Hospital	...	...	...	...	...	23
Ormside Sanatorium	...	...	...	...	...	22
Cumberland Infirmary	...	...	...	...	...	10
Ward 7, City General Hospital	...	...	...	...	...	2
Ward 8, City General Hospital	...	...	...	...	...	2

Table 18 gives the number of cases from the City of Carlisle admitted to institutions for treatment during 1955.

**TABLE 18**

Institution.						Adults.	Children.
Blencathra	...	...	...	...	...	76	—
Meathop	...	...	...	...	...	1	—
Longtown	...	...	...	...	...	53	—
City General Hospital	...	...	...	...	...	44	8
Cumberland Infirmary	...	...	...	...	...	20	—
Ormside	...	...	...	...	...	37	2

Complete bed rest along with intensive chemotherapy continues to be our sheet anchor in the treatment of pulmonary tuberculosis. The small number of cases who have had ambulant chemotherapy and who have during the year come into the area has tended to convince us that bed rest is all-important. Many people still regard a haematogenous dissemination of tubercle as a rare complication of tuberculosis localised in the lungs, except in the early post-primary period or in the later terminal stages of the disease. Recent work in Holland, however, based on aspiration liver biopsies has shown that blood spread is very frequent in all types of tuberculosis, and at all stages. Even in erythema nodosum, a non-pulmonary condition, aspiration liver biopsy showed sub-miliary tubercle present in 14 out of 20 cases. Studies of other workers have tended to confirm these findings, there being some variation in the percentage of positive results, but these variations may well be due to differences in technique. These findings do emphasise the need for rest.

The number of cases admitted with diabetes and tubercle and uro-genital tubercle has declined, but close co-operation is maintained as heretofore with the other specialists involved.

All cases of pleurisy with effusion in young adults, in the absence of other demonstrable cause, continue to be treated as tuberculous. As mentioned in last year's report, such cases have been treated in the same way since 1950, and no case has returned to us with further evidence of active tuberculous disease after such treatment. There is no doubt, however, that without adequate treatment a consider-

able number, up to 30 per cent., of such cases would return to us within two to five years with a pulmonary lesion, and a recent paper in *The American Review of Tubercle* has given a reactivation rate of 65 per cent. in American Servicemen who had been inadequately treated for their initial pleurisy.

Table 19 gives the waiting lists for the whole of the East Cumberland Hospital Management Committee area as on the 31st December, 1955.

**TABLE 19**  
**Waiting Lists as at 31-12-55**

	Males	Females	Children	Total
(a) For admission to hospital or sanatorium ...	2	4	—	6
(b) For admission to Thoracic Units ... ..	2	1	—	3

During the year we gave up our beds in Meathop Sanatorium. West Cumberland demands on Blencathra Sanatorium have so lessened that during the greater part of the year we have been able to make use of about 70 per cent. of the beds for East Cumberland patients. The lower waiting lists and the larger number of beds available to us have allowed us to admit many cases previously considered chronic and hopeless to our beds for long-term treatment, already with some measure of success.

The beds at Longtown Hospital and Ormside Sanatorium have continued in full use throughout the year, and I hope that it will be possible to reduce the comparative overcrowding at Blencathra Sanatorium in the foreseeable future and so raise the standard of the beds there to those pertaining at Ormside Sanatorium and Longtown Hospital. I feel that this is particularly essential in dealing with an infectious disease such as tuberculosis.

Our work at the Chest Centre here continues to be seriously hampered by lack of space and accommodation. An Odelca camera unit would not only save film and repay its initial cost in a comparatively short time, but would allow us to increase facilities for routine x-ray examinations. Our consulting room space, dressing rooms for patients, and waiting room accommodation are all inadequate, and further extension at the Chest Centre is urgently required.

The present ward unit in the Pavilion here requires urgent replacement. Beds should be available for the investigation and treatment of all cases of pulmonary disease whether these be tuberculous or non-tuberculous, and the average turnover of chest cases seen at the Chest Centre during the past two years suggests that a new unit of at least 25 beds is essential. Empty sanatorium beds elsewhere are no solution to this problem, as the majority of pulmonary cases

requiring urgent admission to a bed are suffering from acute and serious pulmonary disease. Not only would it be reckless and dangerous to send these cases to a sanatorium bed out in the country, but their condition on admission is such that it would be inhuman to deprive relatives of comparatively easy facilities for visiting them. Again, too, diabetics who suffer from pulmonary disease must be admitted to a city unit where adequate laboratory and dietetic control can be carried out.

## **CARE AND AFTER-CARE**

Much time is spent with the Local Authority staffs in this important branch of the tuberculosis scheme. The early admission of patients to hospital has considerably facilitated our work.

Rehabilitation Panels continue to be held every month at the Chest Centre. Not only are cases of tuberculosis dealt with in this way, but also cases of other pulmonary disease, such as bronchiectasis.

I would again stress that we do not allow cases of pulmonary tuberculosis to return to work whilst the disease is active, but I would point out that this assurance on our part does not necessarily mean that all cases take our advice. Although we can advise patients, and almost every patient takes our advice, there is an occasional one who does not. Such a person may return to work with a positive sputum and ignore our advice, and unless his work is associated with certain manufacturing processes we cannot exert any compulsory powers. I feel this is most important and would strongly commend industrial medical staffs to have confirmed a patient's statement that he is fit to return to work and is not a danger to others.

## **AMBULANCE SERVICE**

We continue to be greatly indebted to the ambulance service. We still have a large number of patients attending for collapse therapy, and whilst these are diminishing the number of cases with serious non-tuberculous disease is increasing, so that our calls on the ambulance service remain at a high level.

## **OTHER CHEST DISEASES**

### **Introduction**

Chest diseases other than tuberculosis continue to affect the vast majority of the patients seen at the Chest Centre. Whilst some of these conditions are acute and some serious there is no doubt that chronic pulmonary disease contributed largely not only to the mortality rates in this area but also to the morbidity rates in general. The enhanced facilities now available to us for case finding in tuberculosis have greatly helped in evaluating the true extent of those



diseases in the area. Last year, while the deaths from pulmonary tuberculosis throughout England and Wales numbered over 7,000, those from pulmonary cancer amounted to 16,000, and the mortality from bronchitis alone was almost 30,000.

### **Neoplasm**

The number of cases of pulmonary cancer seen and investigated during 1955 has again risen, and as before cases considered suitable for pneumonectomy have been admitted to the Thoracic Surgical Unit without delay. Unfortunately, the number of cases considered fit for surgery is still far too low, but has risen from 12.5 per cent. to 29 per cent. in 1955.

There is no doubt but that the disease is steadily increasing, and in the present state of our knowledge it is imperative that a diagnosis should be established as early as possible. Any delay in diagnosis means, in fact, that one forfeits the only possible hope of cure by pneumonectomy. In one or two of our cases treatment has been confined to lobe resection followed by deep x-ray therapy. From published results there is no doubt that pneumonectomy is the operation of choice, and experimental work has shown conclusively that the lymphatic glands are a definite barrier to the spread of cancer cells, and whilst deep x-ray therapy can exert a very marked effect on the diseased gland itself, the effect on healthy glands is not good. Extensive investigations are necessary before operation is advised, but even when the investigations are completed an accurate diagnosis may not be possible until thoracotomy has been carried out. Some lesions when first seen radiologically are so small that the usual extensive pre-operative investigations prove negative. Whilst pulmonary cancer affects chiefly the older age groups of the population, one case in a young married woman of 22 was found last year. In young adults where a solitary shadow noted radiologically suggests a localised tuberculoma, our policy is to advise surgery with a view to resection, as the risk of overlooking a possible cancer cannot be trifled with. Even in cases where biopsy, after resection, has proved the lesion to be of the nature of a tuberculoma we feel that the operation has been well worth while, because so often recently have we seen such lesions break down completely in elderly people.

Some pulmonary shadows proved to be of the nature of a simple non-malignant tumour when resected, and here again I feel that the operation has proved its worth; not only has one been able to exclude a malignant growth but one has by resection removed the risk of such a simple growth becoming malignant in future.

There is no doubt that there is still considerable apathy on the part of many patients in the over 45 age groups to delay examination until it is too late, and it is extremely doubtful whether this can be rectified by further propaganda or instructions about the danger of cancer.

As matters stand at present, the only way in which can secure an early diagnosis is by radiological examination, and we can only advise such an examination at regular intervals. One wonders whether in time regular mass radiography examination might not be compulsory. Already large sections of the population throughout the country require to submit to an x-ray examination, either on appointment to a particular job or in some cases at regular intervals. This has caused little or no reaction in such groups of people, and I feel that the extension of such a scheme has much to commend it.

Whilst the apathy in some cases may be caused through ignorance, one feels that in most cases the patient is well aware of the possibility of neoplasm but has delayed seeking medical advice or an x-ray examination, and this attitude is typical of the way in which he, the patient, has handled previous difficulties in his life. I do feel, too, that some patients, although they think of cancer as a possibility, dread the thought of either an operation or an anaesthetic, and our statistics naturally do not tend to allay these fears completely.

A full and frank discussion with the patient takes place when operative treatment is advised, and, unfortunately, in many cases one has to stress that the growth is not in as early a stage as one would prefer, but that operation does afford a chance of survival. The inevitable result is as one would expect, viz., that a proportion of such cases do not survive a two to three-year period. Were all cases submitted to the thoracic surgeon in their early stages, then I think that the results obtained would allay these fears.

With regard to the cause of cancer, our knowledge has not progressed much. A recent survey in New Zealand has been interesting in that it showed a higher incidence of lung cancer in immigrants from the United Kingdom than in the New Zealanders. The survey showed that the habit and extent of tobacco smoking in the two groups was very similar, and the conclusion reached was that the greater incidence of the disease in immigrants from this country was due to factors associated with urbanisation.

Once again no high incidence of cancer in any of the local industries has been noted. On the other hand, my colleagues in the pathological laboratory have noted an exceptional number of iron ore miners who had have pulmonary cancer. It is possibly too early to say definitely whether this is a true relative increase or not. Recent work in coal miners has shown that pulmonary cancer is much less frequent in these workers than in the general population, and it may well be that in iron ore miners this slight increase is more apparent than real and may be due to one of several factors.

### **Bronchiectasis**

Table 20 shows the number of cases of bronchiectasis on our active register at the end of 1954, and the number of cases coming on

to our register during the year, and the number of attendances made by patients suffering from the disease.

**TABLE 20**

	East Cumberland			Carlisle City			North Westmorland		
	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.
On Register									
31-12-54 ... ..	39	32	28	39	27	22	17	3	4
New cases									
during 1955 ...	3	5	4	15	4	6	—	1	1
Total on Register									
31-12-55 ... ..	41	31	28	51	30	25	16	5	4
No. of attendances									
for physiotherapy	31	62	128	104	147	368	4	3	7

This aspect of our work has so increased that it has been very difficult to cope with their treatment. Throughout the year we only had the physiotherapist for two sessions per week, but we have now, at the time of writing this report, been able to increase this to four sessions per week.

The results of treatment continue to be satisfactory, and as before full co-operation in their investigation and treatment is maintained with the Thoracic Unit.

### **Asthma, Bronchitis, and Emphysema**

The vast majority of our new cases suffer from one of these conditions, and in an increasing number of such cases their condition has been so acute when first seen as to merit immediate admission to hospital for investigation and treatment. When one realises how much working time is lost in the older age groups as a result of bronchitis and emphysema I feel that it is time well spent to investigate these cases fully and to try and alleviate their condition. As before, full use is made of the physiotherapy facilities.

### **Pneumonias and Acute Inflammatory Lesions**

A much larger number of acute respiratory cases have been seen in 1955 than in the previous year, and during one recent epidemic cases were extremely ill when first seen.

With efficient anti-biotic therapy a few pulmonary abscesses occur, and of those which do appear most respond well to the anti-biotics.

The outlook on pulmonary abscess has changed very considerably over the past ten years. Before the last war treatment was essentially surgical and complications were frequent, chiefly empyema and brain abscess. The advent of Penicillin, however, altered the picture



and one would say that the treatment is now essentially medical. Whilst most abscesses of bacteriological origin clear up satisfactorily with anti-biotic therapy, close radiological control is necessary to ensure that resolution has taken place. There is no doubt that lung abscess is much less common than it was prior to the war. Of those seen many are not the result of simple bacteriological inflammations but are associated with pulmonary neoplasm. Three cases seen at the Chest Centre recently presented themselves for the first time with a large abscess which was proved to be neoplastic. We therefore consider it essential that all cases of abscess should be bronchoscoped to exclude the more serious pathology, even when the abscess cavity is apparently resolving radiologically with consequent improvement in the clinical condition. The only cases of lung abscess which would not be bronchoscoped would be those where the abscess was so extensive on clinical and radiological grounds, and when a patient was in such a state that surgery would not be contemplated under any circumstances. One case of hydatid abscess was seen during the year.

### **Pneumoconiosis**

Pneumoconiosis Panels continued to be held periodically at the Chest Centre; the majority of the cases come from the West Cumberland area. The degree of compensation awarded is based chiefly on the radiological appearances, and yet a patient may be as seriously incapacitated as one who is accepted, and yet not show any radiological evidence of pneumoconiosis. A recent report from the Medical Research Council's research unit at Cardiff has brought this problem to the fore, and has pointed out that the age of the patient is as important as the radiological degree of pneumoconiosis in assessing his clinical disability.

Workers in Newcastle-on-Tyne have even suggested that the x-rays should be omitted. This suggestion creates a very serious problem, which, I feel, is associated with the focal emphysema present before there is definite radiological evidence of pneumoconiosis, and it would indeed be difficult to decide whether the disability of cough and sputum and dyspnoea could be attributed to the patient's exposure to dust. Most of these iron ore miners examined are in the older age groups, and it is doubtful whether the incidence of pulmonary disability in such patients showing no radiological evidence of pneumoconiosis is actually more common than in the average non-iron ore working population of the same age groups.

### **MASS RADIOGRAPHY**

(Note : Figures given in brackets throughout the report relate to the corresponding figures for 1954)

During 1955 we were faced with an acute shortage of technical staff and as a result it was decided to close down the unit completely

for a period of four weeks in July-August so that the staff would be able to fit in their annual leave at this time, and to allow of a complete overhaul of the unit itself and its transport, which is now five years old. For the other eleven months of the year the unit was fully operational throughout the Special Area and the surveys were carried out with increased intensity, so that a further 5,000 people were examined for the whole year in spite of the unit's closure in July-August.

The time spent in the Special Area was divided between East and West Cumberland, and in 1955 the number of days spent in each area was exactly proportionate to the population of each area; 126 days were spent in East Cumberland and 101 in West Cumberland.

### **Groups Examined**

In addition to carrying out surveys at works and factories, surveys of the general public were carried out on 37 (41) occasions. 3,814 (2,413) contact cases were x-rayed, 2,382 from the East Cumberland area and 1,432 from West Cumberland.

By arrangements with the Medical Officer of Health concerned, facilities for x-ray examination were made available for all school children over the age of 13, this examination being complementary to the Mantoux testing and B.C.G. plus vaccination schemes of the local authorities. Full advantage was taken of the service, as 9,757 (4,329) children of these age groups passed through the unit. It is to be noted that examination of school children is only carried out after receiving the consent of the parents.

The full co-operation of the general practitioners in the areas visited was again invited during each survey as in previous years, but the small number of persons so referred is undoubtedly a reflection of the very close liaison between the general practitioners and the chest centres in both areas. Indeed, when one takes into account the large number of patients referred directly by the general practitioners to the chest centres themselves one can well appreciate that the comparatively small number of patients referred directly to the mass radiography unit must be those unwilling to attend at a chest centre but for whom a mass radiography examination may not be so severe a test.

Of the 350 cases referred to the mass radiography unit by general practitioners, three new cases of active tuberculosis, seven new cases of bronchiectasis and one pulmonary neoplasm resulted, and go to show, I feel, that the general practitioners in this area are very much on their toes in that they are managing to persuade this small but valuable number of suspect cases to attend the mass radiography unit. In fact, had larger numbers of patients been referred to the unit by the general practitioners, I would have suggested that the high standards of clinical medicine in this area had deteriorated and

that the liaison between the general practitioners and the chest centres was not as close as it ought to be.

Sessions were held for members of the general public in 29 (33) towns and villages in the Special Area. Preliminary propaganda was carried out including advertisements in the Press, in local cinemas, and by posters and handbills. These public sessions necessitated no prior appointments and were well attended, 20,125 (20,271) persons having passed through the unit.

## Results

During the year 49,629 (44,471) persons were examined by the unit. These included 1,177 (1,124) inmates of Dovenby Hall and Garlands Hospitals. Excluding the mental patients, 48,452 (43,347) civilians were examined.

Number recalled for full-sized x-ray film—

2214—4.46% of total examined.  
(1990—4.47%)

Number referred for clinical examination—

521—1.05% of total examined.  
(599—1.35%)

Number failing to attend for full-sized film—

193—8.73% of those recalled.  
(127—6.40%)

The number recalled for clinical examination included all persons presenting radiological evidence of possible active pulmonary tuberculosis, cases of bronchiectasis, particularly those in the under 35 age groups, all neoplasms, and many of the persons presenting iron ore and pneumoconiotic changes in the x-ray pictures. Clinical examinations were carried out at the chest centres.

It will be noted that the number of persons failing to attend for large-sized film examination at the unit has increased, but the majority of these non-attenders have taken advantage of a second or later appointment at the chest centres and have been fully investigated. These non-attenders at the unit tend to increase during the summer months, when people go on holiday. Again, the intensity with which our surveys have been conducted during 1955 has not allowed adequate time in many instances for large film appointments to be repeated.

The detailed results of the x-ray examinations are shown in Table 21.

TABLE 21

Percentage of  
total examined

## ABNORMALITIES REVEALED—

## (1) Non-tuberculous conditions:

(a) Bronchiectasis ... ..	63	(61)	.13	(.14)
(b) Pneumoconiosis ... ..	83	(134)	.17	(.30)
(c) Neoplasms . ... ..	11	(12)	.02	(.03)
(d) Cardiovascular conditions .	433	(318)	.87	(.72)
(e) Miscellaneous ... ..	398	(697)	.80	(1.57)

## (2) Pulmonary tuberculosis:

(a) Active ... ..	94	(126)	.19	(.28)
(b) Inactive . ... ..	757	(819)	1.53	(1.84)
(c) Active (previously known)	17	(23)	.03	(.05)

## Disposal

## (1) Pulmonary tuberculosis

All cases presenting evidence of active pulmonary tuberculosis were referred to the chest centres where full investigation was carried out and treatment instituted immediately.

Table 22 shows the total number of new cases of active pulmonary tuberculosis discovered during the year at the chest centre and the proportion of these which were referred directly by the mass radiography unit.

All cases are further classified according to the extent of their disease and also whether the sputum was negative or positive (R.A. cases—negative; R.B. cases—positive).

TABLE 22

## East Cumberland

	R.A.1	R.A.2	R.A.3	R.B.1	R.B.2	R.B.3
RESPIRATORY						
Males ...	8 (9)	8 (9)	2 (4)	1 (2)	3 (3)	6 (5)
Females ...	8 (10)	7 (11)	2 (3)	— (1)	5 (2)	6 (7)
No. of above cases referred by M.M.R.—						

Males ...	1 (4)	2 (2)	1 (—)	— (1)	2 (1)	2 (—)
Females ...	4 (—)	7 (—)	1 (1)	— (—)	2 (1)	— (—)

## Carlisle City

## RESPIRATORY

Males ...	15 (12)	8 (10)	6 (—)	2 (2)	2 (5)	6 (10)
Females ...	14 (27)	8 (13)	4 (3)	1 (2)	1 (8)	7 (6)
No. of above cases referred by M.M.R.—						
Males ...	2 (6)	3 (2)	2 (—)	— (—)	— (—)	— (—)
Females ...	5 (3)	2 (5)	1 (—)	— (2)	1 (1)	1 (—)



## North Westmorland

### RESPIRATORY

Males	...	1 (—)	5 (1)	1 (—)	— (1)	— (1)	2 (1)
Females	...	— (2)	— (—)	— (—)	— (—)	— (—)	— (—)

No. of above  
cases referred

by M.M.R.—

Males	...	1 (—)	2 (—)	— (—)	— (—)	— (1)	1 (—)
Females	...	— (1)	— (—)	— (—)	— (—)	— (—)	— (—)

### (2) Bronchiectasis

All cases of bronchiectasis found were fully investigated and in the East Cumberland area were retained under regular supervision at the Chest Centre and were treated with considerable benefit by the physiotherapist on the hospital staff.

### (3) Neoplasms

The number of pulmonary neoplasms discovered remains practically the same as it was for 1954, but it is interesting to note that of the total of 11 that were discovered, 10 were from the East Cumberland area, and this figure of 10 contributed largely to the considerable increase in the number of new cases of pulmonary neoplasm for East Cumberland seen at the Chest Centre in 1955.

Table 23 gives a detailed analysis of the work of the Unit divided into the East and West Cumberland areas.

TABLE 23

## WEST CUMBERLAND

## EAST CUMBERLAND

	Miniature films	Large films	Clinical exams.	Active T.B.	Inactive T.B.	Bronchiectasis	Neoplasms	Pneumoconiosis	Cardiac conditions	Source of examination	Miniature films	Large films	Clinical exams.	Active T.B.	Inactive T.B.	Bronchiectasis	Neoplasms	Pneumoconiosis	Cardiac conditions
235	50	14	2	6	4	1	—	—	8	Doctors' cases ...	120	15	9	1	5	3	—	2	—
158	7	2	1	1	—	—	—	—	—	Ante-natal cases ...	15	—	—	—	—	—	—	—	—
2382	97	18	3	51	2	—	—	—	27	Contact cases ...	1432	100	29	7	69	1	—	8	4
5473	140	23	—	14	2	—	—	—	5	Scholars ...	4284	81	21	2	17	4	—	—	2
447	20	2	—	12	—	—	—	—	3	School Staff ...	25	1	1	1	—	—	—	—	—
12448	718	149	19	203	18	7	2	237	237	General Public ...	7677	346	120	30	126	13	1	66	48
7700	331	60	8	111	4	—	—	37	37	Surveys ...	6056	203	63	17	79	4	—	4	11
852	79	3	18	57	8	2	1	46	46	Mentally Defective Patients....	325	26	7	2	6	—	—	—	5
29695	1442	271	51	455	38	10	3	363	363	TOTALS ...	19934	772	250	60	302	25	1	80	70

#### **(4) Pneumoconiosis**

As before, all the cases of pneumoconiosis found with the exception of three were located in the West Cumberland area.

#### **(5) Other Conditions**

Many other abnormal conditions were discovered, some meriting considerable investigation and occasionally necessitating a short period in hospital. Those requiring treatment were referred to the appropriate medical or surgical department.

### **COMMENTS**

Rather more time was spent, as has already been noted, in East Cumberland in 1955 as compared to West Cumberland, and it is interesting to note that in spite of this the number of persons passing through the unit in West Cumberland has remained approximately the same as before but that the additional time spent in East Cumberland has resulted in an additional 6,000 persons being examined, the figure of 29,695 examinees being the highest number ever recorded in the East Cumberland area. During the year considerably larger numbers of school children were examined, and as only two new cases of active tuberculous disease were found in this group one must wonder whether the time spent on these examinations was time profitably spent. From the case finding aspect it certainly was not, but from the educational viewpoint I feel it was time well spent. We must look on these school leavers as the people we desire to come through our unit from the factories and workshops in the future, and I feel certain that if our services continue to be carried out with the same regularity and intensity as heretofore we shall all the sooner reach the happy position of securing a 100 per cent. response. As it is at present, there is a persistent reluctance on the part of both men and women in the later age groups to attend the unit during factory surveys, and, as I stated once before, during a factory survey we can as easily cope with 100 per cent. of the staff as with 50 - 70 per cent. as we do at present.

I would particularly draw attention to the figures relating to the number of school staff passing through the mass radiography unit. You will note that we x-rayed 447 in East Cumberland but that only 25 were examined in West Cumberland, and all the latter were from a private school. Whilst I appreciate that many of the staff attend ordinary public sessions, I feel very strongly that school staff, and indeed anyone dealing with the education of young children and coming in contact with them, should have a regular chest x-ray examination. This not only applies to school teachers but to canteen staff, and I also feel that the Medical Officer of Health, in his capacity as School Medical Officer, should have available to him the results of such examinations. There is one further point in this connection and



that is that staff should pass through at the same time as their pupils and thus by their example impress their young charges with the importance of an x-ray check-up.

During 1955 the investigation of suspects was pursued vigorously from the chest centres, the net being spread wider by including contacts at work and remote family contacts and in the x-ray examination the mass radiography unit played an ever-increasing part, the number of such examinations increasing by practically one-third. This increase has been particularly marked in West Cumberland, where our colleagues have been able to intensify their efforts.

It is now calculated that of the total population of 300,000 in the Special Area practically 120,000 have passed through the unit. Whilst this extra 20,000 is a comparatively small figure, the steady increase, year by year, is very satisfactory. Many of the new cases of tuberculosis found in 1955 had never passed through the unit before and there is no doubt that the knowledge that we have no sanatorium waiting list and that tuberculosis can be cured is spreading and breaking down barriers which it would have been impossible to attack five years ago. It is a great pity that pulmonary cancer did not carry the same prognosis today as does tuberculosis, but in the present state of our knowledge it should and ought to be realised by everyone that the only possible hope of survival in pulmonary cancer is early diagnosis, and early diagnosis means in fact the radiological discovery of a small isolated lesion.

Whilst such lesions are not always malignant, and indeed in young people they are often in the nature of localised tuberculomata, they merit very full investigation when discovered radiologically, and in most cases diagnosis cannot be accurately made until surgical intervention has been carried out. It is therefore most important that the individual should realise that his best insurance policy, as far as both tuberculosis and cancer of the lung is concerned, is for him to pass through the mass radiography unit at least once every twelve months. This applies to both sexes, and in the case of cancer particularly to those over the age of 40.

Once again I would repeat myself in emphasising that the results of the mass radiography service cannot be assessed on the number of abnormalities found nor on the number of new cases of active tuberculosis and cases of cancer discovered. Important though these figures are, it is no less important to be able to give an assurance that so large a proportion of the general public have normal chest x-rays.

### **ACKNOWLEDGMENTS**

Once again it is a pleasure to acknowledge the valuable help received in the chest centre work as a whole from the staff of the

Public Health Department, and particularly I would express my sincere thanks to Dr. J. L. Rennie, the Medical Officer of Health, for his continued valuable co-operation.

W. HUGH MORTON,  
Consultant Chest Physician.

**SECTION V**

**SERVICES PROVIDED UNDER PART III  
OF THE NATIONAL HEALTH SERVICE ACT, 1946**



## **SERVICES PROVIDED UNDER PART III, OF THE NATIONAL HEALTH SERVICE ACT, 1946**

The work undertaken under the provisions of this Act is given below under headings corresponding to the appropriate Section of the Act.

### **HEALTH CENTRES**

No Health Centres are at present contemplated.

### **CARE OF MOTHERS AND YOUNG CHILDREN**

The staff of this section of the department remained unchanged throughout the year.

1,881 births were notified in accordance with the Public Health Act, 1936, compared with 1,741 in 1954. 1,807 were live and 74 were still-births. 1,127 of these children were born to parents normally resident in the City.

#### **Ante-Natal Clinics**

Of the 216 mothers who had domiciliary confinements, most had the service of a general practitioner obstetrician. The ante-natal clinic conducted by the Assistant Medical Officer has been continued but is now merged with the Midwives' Clinic, as there is no longer any need for a separate doctor's session. Samples of blood from expectant mothers were taken for grouping and tests as in previous years.

The number of patients who attended the Ante-Natal Clinic was 302 and of this number 236 attended for the first time. The total number of attendances by expectant mothers was 1,059.

#### **Post-Natal Clinics**

A combined Ante-Natal and Post-Natal Clinic was held each week and during the year only nine mothers attended for post-natal examination, compared with 25 in 1954. As more mothers engage general practitioner obstetricians this figure can be expected to continue to fall.

No advice was given at this clinic on contraceptive measures.

The Voluntary Clinic which is run under the auspices of the Family Planning Association continued in the premises at Eildon Lodge.

Patients who have had their confinement at Hospital are invited to attend the post-natal clinic held at the hospital. General practitioners whose patients fail to avail themselves of the facilities for post-natal examinations can, on reporting to the Health Department, have the particular patients visited by members of the Health Department staff with a view to inducing them to accept this invitation; and, if required, midwives can attend with the doctors at the time of such examination.

### Provision of Maternity Outfits

The number of maternity outfits issued during the year was 197. Additional dressings, when necessary, were provided by the Council.

### Care of Premature Babies

As in the past, all infants whose birth-weight was  $5\frac{1}{2}$  lbs. or less were classified as premature. The arrangement whereby premature infants requiring special treatment can be admitted to the City Maternity Hospital continues, and the Council has not, therefore, had to provide special equipment for use in patients' homes. Close liaison has been maintained with the hospitals and premature babies discharged are regularly visited on their return home. In all, 89 notifications of City premature live births were received, 24 being in domiciliary practice and 65 from hospitals. Two of the domiciliary cases had to be admitted to hospital. There were 22 City premature still-births, 18 born in hospital and four at home.

### Child Welfare Clinics

The following Child Welfare Clinics were held during the year:—

- (1) Eildon Lodge Clinic—Monday and Thursday afternoons—weekly.
- (2) Currock Community Centre—Tuesday afternoons—weekly.  
(This Clinic was transferred from the Community Centre to St. Herbert's Church Hall on the 6th December, 1955.)  
(Doctor present alternate weeks.)
- (3) Harraby Church Hall—Tuesday afternoons—weekly.  
(Doctor present alternate weeks.)
- (4) Raffles Community Centre—Wednesday afternoons—weekly.  
(Doctor present alternate weeks.)
- (5) Etterby Mission Hall—Alternate Wednesday afternoons.  
(This Clinic was transferred from the Mission Hall to St. Mark's Church Hall on the 7th December, 1955.)

The following is a summary of the attendance of children at the above clinics:—

No. of children who attended Centres during the year	...	1812
--	-----	------

No. of children who first attended a Centre of this Authority during the year and on the date of their first attendance were:—	
--	--

Under one year of age	...	...	...	...	...	...	...	...	754
-----------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----

No. of children who attended the Centres and were born during:—	
---	--

1955	...	...	...	...	...	...	...	...	656
1954	...	...	...	...	...	...	...	...	492
1950-53	...	...	...	...	...	...	...	...	664

Total number of attendances made by children who attended the Centres—10,269.



There is no specialist Paediatrician appointed in Carlisle but the Consultant Physicians in charge at the Cumberland Infirmary see any case referred to them. Cases are not, of course, referred without the knowledge of the patient's medical practitioner.

### **Distribution of Welfare Foods**

The central distribution centre is located in the Y.W.C.A. Hut, Fisher Street. These premises are also used as a store-house for the foods, and the peripheral clinics are supplied from this depot. The central premises are staffed by a full-time officer who was appointed when the scheme came into operation, and the distribution at the peripheral clinics is in the main carried out by W.V.S. personnel. The central premises are not ideal and occupancy is only on a temporary basis, but up to the present a suitable alternative has not been found.

In addition to the National Dried Milk, various foods and dietary adjuncts are held in stock at the Clinics, and, subject to their being ordered by the Clinic doctor, are available for purchase at all clinic sessions.

### **Dental Treatment Provided for Expectant and Nursing Mothers and Pre-School Children**

Report by Dr. T. W. GREGORY, Principal School Dental Officer

In spite of a slightly reduced staff, there is little alteration from last year in the number of mothers and children under five treated.

The dental treatment provided for these priority classes was equivalent to approximately 28 sessions of the school dental officers' time. There is a slight drop in the number of fillings inserted, an increase in the number of extractions and complete dentures provided for mothers, but this merely indicates some variation in the treatment required for those inspected during the year.

There are signs that the mothers of the future will take rather more interest not only in their own dental health but also that of their infants. In my view this is the most hopeful line of approach to the problem, always provided that there is sufficient dental staff to cope with the demand.

The annual statistical returns will be found in tabular form on page 62:—



(a) Numbers provided with dental care

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ....	22	22	22	13
Children under Five ....	195	140	126	89

(b) Forms of dental treatment provided

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radio-graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers ....	4	18	—	—	78	17	9	3	1
Children under Five ....	—	44	21	—	214	112	—	—	1

## Day Nursery

The Raffles Day Nursery is now the only such establishment in the City. It has always had places for 50 children (including 10 places for those under 2 years), but could admit 60 if there was a great demand.

The number of parents seeking admission for their children has not been such as to necessitate the operation of the priority system of admission.

## Mother and Baby Homes

The City Council does not provide such Homes directly. The Carlisle Diocesan Council for Social and Moral Welfare maintains a Home (St. Monica's) near Kendal, where unmarried mothers are admitted for their confinements and stay for a considerable period thereafter. The Lancaster Diocesan and Protection Society have a similar Home (Brettargh Holt) near Kendal for the admission mainly of Roman Catholics. The Carlisle Diocesan Council also maintain a Home at Coledale Hall, Carlisle. This Home provides for the care of mothers before and after their confinement in Hospital. The City Council has appropriate financial arrangements with both these voluntary organisations.

The number of Carlisle cases admitted to these Homes are shown in Table 24.

**TABLE 24**

1955	Coledale Hall	St. Monica's	Brettargh Holt
Number of mothers ... ..	2	5	1
Number of weeks residence ...	12	57	11

The Superintendent of Coledale Hall acts as Welfare Worker on behalf of the City Council for the care and protection of illegitimate children. During the year this officer dealt with the cases shown in Table 25.

**TABLE 25**

Married women expecting illegitimate children ... ..	—
Unmarried women expecting illegitimate children . . . . .	4
Couples advised re adoption ... ..	—
Problems concerning illegitimate children ... ..	—
Matrimonial troubles ... ..	4

## MIDWIFERY SERVICES

There was no appreciable variations in the number of domiciliary confinements.

The Superintendent of District Nurses and Midwives and one of the midwives resigned on their going to Canada. Miss Smithson, who had been a District Midwife with this Authority for a considerable time, was promoted to the post of Superintendent.

The ante-natal and post-natal clinics were held by the Council midwives at Eildon Lodge as already reported on page 59.

Table 26 shows the number of deliveries attended by midwives during the year.

**TABLE 26**

DOMICILIARY CASES						
	Doctor not booked		Doctor booked		Totals	Cases in Institutions
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked Doctor or another)	Doctor not present at time of delivery of child		
Midwives employed by the Authority	3	19	60	133	215	—
Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	—	—	—	1548
Midwives in Private Practice (including Midwives employed in Nursing Homes)	—	—	—	—	—	87
TOTALS ...	3	19	60	133	215	1635

All the domiciliary midwives are qualified to administer analgesics in accordance with the regulations of the Central Midwives' Board and are supplied with Minnitts apparatus. This form of analgesia was administered in 186 cases and pethedine in 108 cases.

The midwives summoned medical aid under Section 14 (1) of the Midwives' Act, 1951, in 12 cases. It should be noted that it is the midwives' duty to summon medical aid in accordance with the Midwives' Act even though the doctor called is already booked as a General Practitioner Obstetrician by the patient.

### Supervision of Midwives

Dr. Christine Anderson (Assistant Medical Officer of Health) has continued to act as Supervisor of Midwives. She periodically visits the Nursing Homes where midwives are employed and visits the hospitals at least once each quarter.

The following is a summary of the number of midwives who notified their intention to practise during the year:—

#### In Domiciliary Practice

No. who notified intention to practise as Midwives ...	6
No.    "               "               "               "               Maternity Nurses	6

#### In Nursing Homes

No. who notified intention to practise as Midwives ...	5
No.    "               "               "               "               Maternity Nurses	5

#### In Hospitals

No. who notified intention to practise as Midwives ...	33
No.    "               "               "               "               Maternity Nurses	5

### General Practitioner Obstetricians

At the end of the year 29 local practitioners were on the list of General Practitioner Obstetricians of the Carlisle Executive Council.

## HEALTH VISITING

The Health Visitors carried out district visitation and attended clinics in the usual manner. As indicated in my last report, co-operation between General Practitioners and Health Visitors is good and is improving. The number of visits in connection with care and after-care, particularly of the aged, continues to increase. By arrangement with the Hospitals concerned, Health Visitors call on patients in the local maternity hospitals so that they can see young mothers prior to their discharge.

The following is a summary of the work done by the Health Visitors:—

Visits to expectant mothers:—

First visits	...	...	...	...	...	...	...	201
Total visits	...	...	...	...	...	...	...	283

Visits to children under 1 year of age:—

First visits paid by a H.V. after birth of child	...	...	...	...	...	...	...	1065
Total visits	...	...	...	...	...	...	...	6426

Visits to children between the ages of 1 and 5:—

Total visits	...	...	...	...	...	...	...	11594
--------------	-----	-----	-----	-----	-----	-----	-----	-------

Visits to Other Cases in respect of:—

Still-births	...	...	...	...	...	...	...	28
Measles over the age of 5	...	...	...	...	...	...	...	31
Whooping Cough over the age of 5	...	...	...	...	...	...	...	101
Pneumonia over the age of 5	...	...	...	...	...	...	...	20
Chickenpox over the age of 5	...	...	...	...	...	...	...	—
V.D. Cases	...	...	...	...	...	...	...	—
Hospital After-Care Requests	...	...	...	...	...	...	...	501
Old People (Care and After-Care)	...	...	...	...	...	...	...	309
Housing Problems	...	...	...	...	...	...	...	3
Poliomyelitis over the age of 5	...	...	...	...	...	...	...	—
Mumps over the age of 5	...	...	...	...	...	...	...	3

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996

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Of the visits to Children under the age of 5.

26 were in respect of Measles

207	„	„	Whooping Cough
3	„	„	Pneumonia
1	„	„	Chicken-pox
—	„	„	Poliomyelitis
20	„	„	Infant Deaths
4	„	„	Ophthalmia Neonatorum
3	„	„	Mumps

In addition, the Health Visitors paid visits as under:—

To Child Welfare Clinics	...	...	...	...	...	572
„ Day Nurseries	...	...	...	...	...	6
„ Immunisation Clinics	...	...	...	...	...	8

## HOME NURSING

The Home Nursing Service continued to operate from the Nurses' Home and Headquarters at 5 Brunswick Street. As indicated under the Midwifery Service, the Superintendent left towards the end of the year and was succeeded by Miss Smithson.

Hospitals and doctors communicated directly with the Superintendent in regard to their patients' requirements.



The district nurses are not paid car allowances but three cars were available for their use during the year.

At the request of general practitioners an evening nursing service was established in 1955. One nurse is on duty and attends to any seriously ill patients who require nursing care or injections prior to settling down for the night. There is no all night service.

During 1955 the district nurses attended 1,446 patients and paid to them 28,976 visits. The following are the types of cases attended:—

Medical	...	...	...	...	...	...	...	1276
Surgical	...	...	...	...	...	...	...	99
Infectious Diseases	...	...	...	...	...	...	...	1
Tuberculosis	...	...	...	...	...	...	...	58
Maternal Complications	...	...	...	...	...	...	...	12

The ages of the patients were:—

Under 5 years .	...	...	...	...	...	...	...	73
Over 65 years .	...	...	...	...	...	...	...	640
Others .	...	...	...	...	...	...	...	733

Among the acute cases more than 50 per cent. of the requests were in respect of injections. The types of injection given were:—Penicillin, Streptomycin, Insulin, Injections for Blood Diseases, and others.

## VACCINATION AND IMMUNISATION

### Vaccination

The scheme for vaccination continued to operate as in previous years. A letter is sent out by the Medical Officer of Health to the parents of every child whose birth is notified in the City advising vaccination. On the reverse side of the letter in question the parents are given the names and addresses of all practitioners in the town who are taking part in the scheme for vaccination. At the foot of the letter is appended an acceptance form for those who wish their children vaccinated at the Local Authority Clinic. The Health Visitors during their rounds stress the value of vaccination. 32 medical practitioners took part in the scheme and the following is a summary of work done by them and at the Local Authority Clinic:—

By Private Practitioners—

Primary Vaccinations	...	...	...	...	...	...	661
Re-Vaccinations	...	...	...	...	...	...	161

At Local Authority Clinic—

Primary Vaccinations	...	...	...	...	...	...	155
Re-Vaccinations	...	...	...	...	...	...	62

Total Primary	...	816
Total Re-Vaccinations	...	223



The acceptance rate for vaccinations of children under 1 year of age in the City during the year was 60.7 per cent.

### Diphtheria Immunisation

The scheme for diphtheria immunisation has been operated in a similar manner and 35 medical practitioners took part in it. In addition to general publicity with posters, etc., the main propaganda for infants has been by the Health Visitors and the patients' own practitioners. For children of school age, both as regards primary immunisation and re-inforcing doses, this has been to a large extent carried out through the School Health Service at the time of routine and special inspections. The following is a summary of the work done during the year :—

By Private Practitioners.				Under 5 years.	Five years and over.
Complete Course	...	...	...	647	8
Re-inforcing Dose	...	...	...	3	84
At Clinics.					
Complete Course	...	...	...	49	20
Partial Course .	...	...	...	21	16
Re-inforcing Dose	...	...	...	—	1472

At the end of the year 60 per cent. of children under 5 years and 89.9 per cent. of children of school age had been immunised at some time. Table 27 shows the number of children known to have completed a full course of immunisation at any time up to 31st December, 1955.

TABLE 27

Age at 31/12/55 i.e., Born in Year	Under 1 1955	1-4 1954-51	5-9 1950-46	10-14 1945-41	Under 15 Total
Last complete course of injections (whether primary or booster) 1951—1955	93	3091	4353	2940	10477
1950 or earlier	—	—	537	1166	1703
Estimated mid-year child population 1955	1110	4190	10000		15300

## **B.C.G. Vaccination**

In Section IV, page     Dr. Morton reports on the B.C.G. vaccination of contacts of cases of tuberculosis. Vaccination of children aged 13-14 years was carried out at your clinics by Drs. Anderson and Craig. The number of children dealt with is given below.

### **B.C.G. VACCINATION OF 13 - 14 AGE GROUP**

(i) No. whose parents wished B.C.G. vaccination	...	...	657
(ii) No. of above who gave positive reaction to Mantoux Test (1/1,000 O.T.)	...	...	108
(iii) No. who gave positive reaction to second Mantoux Test (1/100 O.T.)	...	...	128
(iv) No. not requiring B.C.G., i.e. (ii) + (iii)	...	...	236
(v) No. who received B.C.G.	...	...	371
(vi) No. who had not completed treatment at end of year	...	...	50

### **Vaccination or Immunisation Against Other Diseases**

In December the City Council had the following amendment to its proposals under Section 26 of the National Health Service Act, 1946. approved by the Minister of Health.

#### **"OTHER DISEASES**

"The Council proposes also to make arrangements for offering to persons in its area, or to any groups of such persons, immunisation against any other diseases in respect of which authority is sought from and given by the Minister of Health. The Medical Officer of Health will be responsible for keeping records directed towards assessing the value of any such form of immunisation."

## **AMBULANCE SERVICE**

The calls on the Ambulance Service continue to increase.

The personnel engaged at the end of the year was as follows:—

- 1 Chief Fire and Ambulance Officer.
- 1 Sub-Officer.
- 5 Ambulance Drivers.
- 11 Firemen/Ambulance Drivers.

At the end of the year the following vehicles were in commission:—

- 5 Ambulances.
- 1 Sitting-Case Coach (12 seats).
- 1 Sitting-Case Utility Vehicle (6 seats).
- 1 Sitting-Case Car (3 seats).
- 1 Ambulance/Sitting-Case Car (10 seats).

The calls attended, journeys completed, and patients conveyed together with the mileage recorded during 1954. is shown in Table 28.

The Ambulance Service is a relatively expensive service, but while the City has the liability of making provision for immediate attendance on accidents, it is difficult to see how substantial economies can be effected.

**TABLE 28**

	Patients.	Journeys.	Mileage.
City Removals to Local Hospitals ...	12792	10110	26601
City Cases to Distant Locations ...	429	410	16722
Other Cases ... ..	315	290	5692
Hospitals to Home (City) ...	12722	9548	24916
City Hospitals to County Areas .	365	287	17592
County Cases to Local Hospitals ...	4	4	93
Hospital Transfers:—			
(a) City Patients ... ..	724	569	1555
(b) Non-City Patients ... ..	971	702	1868
Schools ... ..	7992	774	9048
Other Journeys ... ..	—	312	1132
Emergencies ... ..	677	669	2454
Miscellaneous ... ..	—	402	850
	<hr/> 36991 <hr/>	<hr/> 24077 <hr/>	<hr/> 108523 <hr/>

## **PREVENTION OF ILLNESS, CARE AND AFTER-CARE**

### **Tuberculosis**

The special Sub-Committee continued to function as in previous years. It gave the following assistance in appropriate cases:—

- (a) The supply of extra nourishment to deserving cases.
- (b) Help where appropriate with defraying the hire charges on nursing requisites supplied.
- (c) Financial relief in respect of the Home Help Service.

In addition to this, further financial aid is given to meet the costs of sending suitable patients to tuberculosis colonies.

The School Medical Officers who are also Assistant Medical Officers of Health continued the survey of infant school children started in 1954.

Tuberculin (Mantoux) tests were offered to all children aged 6 years. The parents of 824 children agreed to have these tests. 35 children gave a positive reaction to the test and were referred to the Chest Clinic for investigation. Their intimate contacts were likewise referred for investigation. As a result of this procedure four unsuspected cases of tuberculosis (two adults and two children) were brought to light. This is not a large number but nevertheless justifies the time taken. In other cases the Tuberculosis Visitors were

able to elicit the fact that the child had been in contact with a known case of tuberculosis, while in others the source of primary infection has so far not been detected.

### **Other Diseases**

All members of the staff co-operated with the hospitals and general practitioners in the work of prevention and in care and after-care in respect of suitable cases brought to the notice of the Department. 733 visits (including 309 to aged persons) were made by the Health Visitors during the year. The District Nurses continued to make provision for the after-care and treatment when so requested by the general practitioner in charge, or the Hospital Authority.

The follow-up of V.D. cases in the City was undertaken by Miss Buck, Head Almoner of the Cumberland Infirmary. Close liaison was maintained between her and the Health Visitors.

### **Provision of Nursing Equipment and Apparatus**

The number of articles loaned to patients on the request of a doctor, nurse or midwife was 515.

On each article a loan charge is made, the amount varying with the value of the article.

### **Convalescent Treatment**

Fourteen persons were assisted with convalescent treatment during the year under review. Each person was assessed by the Home Help Organiser as to his or her ability to pay for the treatment.

### **Health Education**

Health Education by individual instruction by Health Visitors and Sanitary Inspectors has continued as in previous years, though the acute shortage of Sanitary Inspectors severely limits the amount of such work which they can undertake. The City Council contributes to the funds of the Central Council for Health Education and that body has provided appropriate literature, equipment, etc., when necessary.

## **HEALTH OF CHILDREN**

### **Prevention of Break-up of Families**

Much work is done by members of the department to prevent the break-up of families. In the case where a mother of young children is taken ill priority is given to this family to have the service of a Home Help; if the mother is admitted to hospital the children may be admitted temporarily to a Children's Home, or if satis-



factory arrangements can be made for the children to be cared for at home by night they are offered admission to the Day Nursery. If it is known that the parents of a young child are of low intelligence the Health Visitor or Mental Health Worker or both visit the home regularly and give advice on how to overcome domestic problems as they arise.

Within the department there is very close co-operation between the Health Visitor, Mental Health Worker, Home Help Organiser and Superintendent of the District Nurses and outside the department there is equally close liaison with family doctors, head teachers, Children's Officer, Housing Manager, almoners and workers of voluntary organisations.

In connection with problem families there is a scheme in operation where a Family Case Worker appointed by the National Society for the Prevention of Cruelty to Children gives assistance in selected homes and instructs and works with the mother, and in this way assists in the rehabilitation of the family. The City Council, the Cumberland County Council, and the National Society for the Prevention of Cruelty to Children contribute to the salary of this worker.

## **HOME HELP SERVICE**

The Home Help Service in the City continued to operate as in previous years. At 31st December, 1955, there were on the staff 2 full-time and 51 part-time personnel, equivalent to a total of 32 full-time workers, in addition to the Organiser and her Assistant. 298 households were served.

72 per cent. of the time of Home Helps was devoted to the elderly and chronic sick. While this is highly desirable and in the long run more economic than admitting such people to Eventide Homes or hospitals, it means that the majority of Home Helps are restricted to giving long-term assistance in a restricted number of homes.

As in past years, a Sub-Committee has been available to deal with cases of special hardship.

## **MENTAL HEALTH SERVICES**

### **Administration**

The Mental Health Sub-Committee, consisting of 7 members of the Council, meets at least once a quarter. The Council has delegated to this Sub-Committee power to deal with cases. The general direction of the Mental Health Services is in the hands of the Medical Officer of Health and he is advised by:—



One Psychiatrist (Mental Illness) M.B., Ch.B.,  
D.P.M. Part-time.  
One Psychiatrist (Mental Deficiency) L.R.C.P.E.,  
etc., Part-time.

} Both  
from  
Regional  
Hospital  
Board

He also has the assistance of—

One Assistant Medical Officer of Health, M.B., Ch.B., D.P.H.  
One Educational Psychologist, M.A., Ed.B.  
One Part-time Psychiatric Social Worker (from the Regional Hos-  
pital Board).  
One Mental Health Worker, M.A., Diploma in Social Science.  
Three Part-time Duly Authorised Officers.

Close liaison has always existed in the service between the officers of the Board and this Authority. Advice has always been most willingly given, and, within the resources of their respective hospitals, the maximum help has always been afforded to the City's officers in the placement of cases.

No arrangements have been made for the training of staff.

### Community Care

The care and after-care of the mentally ill was carried out to a large extent by the Psychiatric Social Worker of the Regional Hospital Board, but this Authority's officers co-operated in all cases where possible.

The care and after-care work in respect of mentally defective patients was carried out by the officers of the Authority and in cases of special difficulty were visited by the Regional Hospital Board's Psychiatrist, so that his advice could be obtained.

### Mental Illness

During the year the Duly Authorised Officers dealt with 121 patients, as shown in Table 29.

**TABLE 29**

(1) No. who consented to go as voluntary patients ... ..	57
(2) No. who were admitted on a Three Day Order ... ..	27
(3) No. dealt with by Summary Reception Orders (including 8 cases also shown in (2) above) ... ..	29
(4) No. who were admitted as temporary patients ... ..	4
(5) No. considered unsuitable for admission to a Mental Hospital . . . . .	12

### Mental Deficiency

Table 30 shows details of cases recorded during 1955 and the action taken.

**TABLE 30**

<b>1. Ascertainment.</b>	Male.	Female.	Total
Cases reported by Local Education Authority under Section 57 Education Act, 1944.			
(1) Sub-section 3—Ineducable Children . . . . .	—	—	—
(2) Sub-section 5—In need of Supervision on leaving School	8	10	18
Other cases reported . . . . .	1	—	1
Total number of cases reported . . . . .	9	10	19

**2. Disposal of Cases Reported During Year**

(a) Ascertained defectives found to be

“subject to be dealt with”—	Male.	Female.	Total
(1) Admitted to Hospitals . . . . .	—	—	—
(2) Placed under Guardianship . . . . .	—	—	—
(3) Placed under Statutory Supervision . . . . .	9	10	19

Table 31 gives particulars of the total ascertained mental defectives as at the 31st December, 1955.

**TABLE 31**

	Males.	Females.	Total
(1) In Hospitals (including cases on licence therefrom)			
Under 16 years of age . . . . .	10	2	12
Aged 16 years and over . . . . .	48	53	101
(2) Under Guardianship.			
Aged 16 years and over . . . . .	4	6	10
(3) Under Statutory Supervision.			
Under 16 years of age . . . . .	17	15	32
Aged 16 years and over . . . . .	32	26	58
Total . . . . .	111	102	213

No. of cases included in (2) and (3) above awaiting hospital treatment . . . . .

2 1 3

No. of Mental Defectives not at present subject to be dealt with but over whom some form of voluntary supervision is maintained.

Under 16 years of age . . . . . 1 4 5  
Aged 16 years and over . . . . . 6 9 15

7 13 20

The Mental Health Worker paid 1,325 visits during the year and 98 home circumstances reports were supplied to Hospital Authorities in respect of patients on licence, contemplated licence, or holiday.

### **Occupation Centre**

The Occupation Centre continued to function during the normal school terms and at the end of the year 22 pupils were on the roll, 13 of these being under school leaving age. As in previous years, an "Open Day" was held during the summer months when parents and members of the City Council were invited to view an exhibition of the work done by the pupils; this function was opened by His Worship the Mayor, Alderman H. N. Sutcliffe.

Among the activities undertaken at the Centre are Communal Activities; Dancing, Painting, Plain Sewing, Embroidery, Rug-making, Basketry (Cane, Raffia and Rush), Weaving and Gardening. For the younger pupils much time is spent on sense training, personal cleanliness, and a limited degree of primary education.

### **Mental Health**

The co-operation with hospitals, other authorities and departments was maintained during the year. As in previous years, every effort was made to ensure that all educationally sub-normal children were reviewed to determine whether supervision after leaving school was necessary. Supervision is also maintained over all mental defectives on licence or holiday from hospitals and over cases recently discharged from order. Employment for defectives is becoming increasingly difficult to obtain, but the Ministry of Labour, the Youth Employment Bureau, and many employers have been helpful and co-operative.

Close liaison exists between the staff of the local mental hospital and this department in respect of supervision of patients suffering from mental illness.



## **SECTION VI**

**GENERAL PROVISION OF HEALTH SERVICES, etc.**





## **GENERAL PROVISION OF HEALTH SERVICES, ETC.**

### **PUBLIC HEALTH LABORATORY SERVICE**

In February, 1955, Dr. D. G. Davies was appointed by the Medical Research Council as Public Health Bacteriologist in the Laboratory at the Cumberland Infirmary. Although appointed by the Medical Research Council specifically for Public Health work, Dr. Davies works along with Dr. Faulds and his staff and this Authority continues to receive the excellent service from the Laboratory staff that it has done in previous years.

At the time of writing extensions to the Laboratory premises are taking place and in future Viruological examinations as well as Bacteriological examinations will be carried out in Carlisle.

### **PUBLIC ANALYST SERVICE**

Cyril J. H. Stock, Esq., B.Sc., F.I.C., etc., of Darlington, is Public Analyst to the Council, and during the year samples of water, food, etc., were sent to him for examination.

### **REGISTRATION OF NURSING HOMES**

During the year one new registration was received and at the end of the year there were 3 Homes on the Register.

All of these premises were periodically visited and conditions generally were found to be satisfactory.

## **NATIONAL ASSISTANCE ACT, 1948**

### **Action Under Section 47**

While it is occasionally necessary to have people removed in accordance with Section 47 of the National Assistance Act, 1948, Medical Officers who have to recommend this action to their Councils have to exercise very careful judgment before issuing appropriate certificates. It not infrequently happens that one is asked or almost urged to have old people who may be a bit of a nuisance removed, but the Medical Officer must be satisfied that the action he takes is in the best interests of the person concerned, and that his needs cannot be provided for otherwise.

That Parliament should wish to guard the liberties of the individual by making it necessary for the Local Authority to apply to a Court of Summary Jurisdiction for such an Order is understandable. It does, however, appear to me that it is unfortunate that such cases have to be heard in open Court. Even the much maligned procedure under the Lunacy and Mental Treatment Acts does not subject the individual to this indignity. It is true that an Order can be obtained from a magistrate under the 1951 Amendment Act, but it is only

valid for 21 days and has generally to be followed by application to the Magistrates' Court for a further Order.

During the year it was necessary to move 4 City residents under the powers conferred by this Act and the Act of 1951.

(a) In January a married couple over 80 years who were living in insanitary conditions were removed to Part III. Accommodation under a Magistrate's Order. Subsequent Orders under Section 47 of the 1948 Act were obtained at a Court of Summary Jurisdiction.

(b) In September a gentleman over 80 years who was both ill and living in insanitary conditions had to be removed under a Magistrate's Order in accordance with the National Assistance (Amendment) Act, 1951. This gentleman subsequently agreed to stay in hospital but unfortunately succumbed to his medical condition.

(c) In December a gentleman over 70 years of age who was suffering from grave chronic disease was compulsorily removed to hospital as there was no one to look after him. When he was sufficiently fit he entered Part III. Accommodation voluntarily.

### **Administration**

The Welfare Services Committee of the City Council is responsible for the administration of those sections of the National Assistance Act, 1948, which are the province of County Borough Councils. The Medical Officer of Health is the Chief Officer of this Committee.

The amalgamation of the Health and Welfare Departments was finally accomplished on the retirement of the Lay Administrative Officer/Superintendent Registrar on the 30th June, 1955. From that date the administration of all Welfare Services matters was conducted from the Health Department at 22 Fisher Street, which then became known as the Health and Welfare Department. The Medical Officer of Health continues to be assisted by a Lay Administrative Officer.

### **Residential Accommodation**

There has been no alteration in the Residential accommodation provided by the Council during the year. The absence of any institutional type accommodation in the City continues to cause embarrassment. The Welfare Services Committee has, however, given consideration to the recommendations contained in Circular 3/55 and have proposals in mind for extensions to Barn Close which would incorporate those recommendations and increase the number of beds by 22, making Barn Close a 50 place home.

The demand for Part III. Accommodation continued to increase, and Table 32 gives the number of persons admitted and discharged and the average daily occupancy during the year for the Homes in question and for the places occupied in other establishments.

TABLE 32

		Total at		Admitted		Discharged		Total at		Average Daily Occupancy
		31-12-54		during Year		during Year		31-12-55		
		M.	F.	M.	F.	M.	F.	M.	F.	
Barn Close	...	4	16	1	18	—	11	5	23	23.84
Lime House	...	21	9	12	13	10	12	23	10	32.27
Homes for Blind		1	—	—	—	—	—	1	—	1.00
Homes for Epileptics	...	1	—	—	—	—	—	1	—	1.00
Part III Accommod- ation provided by other Local Authorities	...	5	—	—	—	1	—	4	—	

**Temporary Accommodation.** The Council does not own any accommodation for this purpose.

**Reception Centre.** The Reception Centre at the City General Hospital closed on the night of 6th-7th December, 1955, and was replaced by Calthwaite Reception Centre, which is situate about 10½ miles south of Carlisle on the main Carlisle to Penrith road. The City Council acted as agent for the National Assistance Board in respect of the Reception Centre at the City General Hospital until the date of its closure. As the Calthwaite Reception Centre is in the area of the administrative County of Cumberland, the City Council has no longer any responsibilities for Reception Centres.

### Welfare of the Blind

**Ascertainment.** The arrangements for the ascertainment of blind persons are made by the Medical Officer of Health. During the year 29 cases were referred to the Consultant Ophthalmologist. 13 cases were certified blind, 13 cases were certified partially-sighted, and 3 were found not to be blind or partially-sighted.

The City Council amended its Scheme under Sections 29 and 30 of the National Assistance Act, 1948, to incorporate the recommendation contained in Circular 4/55 that examinations for certification should be carried out only by Ophthalmologists of consultant status. In actual practice this caused no alteration to existing arrangements, as all examinations for blind certification have been carried out for some considerable time by Ophthalmologists of consultant status.

An applicant for admission to the register of the blind who had been certified partially sighted and who was dissatisfied with his ascertainment was referred to the Referee Service of the North Regional Association for the Blind. As a result of this examination the applicant in question was certified blind.

A follow-up has been made of patients seen during the year where the Consultant Ophthalmologist recommended treatment which might restore sight or prevent blindness.

Table 33 shows the recommendations so made and the result.

**TABLE 33**

**Follow-up of Registered Blind and Partially-sighted persons**

Number of cases registered during the year in respect of which para 7 (c) of Form B. D.8 recommends	Cause of disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	8	—	—	8
(b) Treatment (Medical, surgical or optical)	7	1	—	2
Number of cases at (1) (b) above which on follow-up action have received treatment.	2	1	—	

The City Council has always kept in mind the recommendations of the Ministry that all cases of newly ascertained blind under the age of 60 should be considered for a course of Social Rehabilitation. During the year one case fell into this category, a man aged 50 years who had worked in a local factory until ascertainment. After a course of Social Rehabilitation at Oldbury Grange lasting 13 weeks he was offered and accepted sheltered employment in the Workshops fire-wood section.

As indicated on page 25, two cases of ophthalmia neonatorum were notified, both of which were in respect of City children. Table 34 shows the results of treatment of these cases.

**TABLE 34**

**Ophthalmia Neonatorum**

Total number of cases notified during the year was 2 (both City).

Number of cases in which—

(a) Vision lost	...	...	...	...	...	...	—
(b) Vision impaired	...	...	...	...	...	...	—
(c) Treatment continued at the end of the year	...	...	...	...	...	...	—



At the end of the year there were 107 registered blind persons and 16 partially sighted persons residing within the City. Table 35 shows the number on both Registers at the beginning of the year, those removed therefrom by death, change of residence, etc., those added by ascertainment and immigration, and the numbers on the Registers at the end of the year.

TABLE 35

	Blind		Partially Sighted	
	M.	F.	M.	F.
On Register at 31st December, 1954 ...	45	52	3	2
Removed from Register during year ...	2	1	1	1
Admitted to Register during year ...	5	8	9	4
On Register at 31st December, 1955 ...	48	59	11	5

The distribution of cases on the Registers at 31st December, 1955, by age and sex is shown in Table 36 and the occupation of those aged 5 years and over is shown in Table 37.

TABLE 36

Age Group	Blind		Partially Sighted	
	M.	F.	M.	F.
0 — 4 ... ..	—	—	—	—
5 — 10 ... ..	—	1	—	—
11 — 15 ... ..	1	1	1	—
16 — 20 ... ..	1	2	—	—
21 — 30 ... ..	2	3	1	—
31 — 39 ... ..	3	4	1	—
40 — 49 ... ..	3	6	—	—
50 — 59 ... ..	2	6	—	2
60 — 64 ... ..	6	5	1	—
65 — 69 ... ..	4	2	1	—
70+ ... ..	26	28	6	3
Unknown ... ..	—	1	—	—
	48	59	11	5

TABLE 37

Occupation	M.	F.
<b>Children aged 5-15</b>		
Educable:—		
Attending special schools for the Blind ...	—	1
Attending other schools ... ..	—	1
Ineducable:—		
In Mental Deficiency Institutions ... ..	1	—
Total ...	1	2

[Continued overleaf]

16 years and upwards							M.	F.
At school:—16-20		...	...	...	...	...	—	—
Employed—								
In Workshops for the Blind		...	...	...	...	...	7	4
As Approved Home Workers		...	...	...	...	...	—	—
Employed elsewhere		...	...	...	...	...	2	2
Undergoing Training—								
For sheltered employment		...	...	...	...	...	1	—
For open employment		...	...	...	...	...	—	—
Professional or University		...	...	...	...	...	—	—
Not employed—								
(1) Unemployed but capable of and available for work—								
(a) For sheltered employment		...	...	...	...	...	—	—
(b) For open employment		...	...	...	...	...	—	—
(c) Subject to being trained for sheltered employment		...	...	...	...	...	—	—
(d) Subject to being trained for open employment		...	...	...	...	...	—	—
(e) Without training in sheltered employment		...	...	...	...	...	—	—
(f) Without training in open employment		...	...	...	...	...	—	—
(2) Not available for work—								
16 — 59		...	...	...	...	...	—	13
60 — 64		...	...	...	...	...	—	—
(3) Not capable of work—								
16 — 59		...	...	...	...	...	2	2
60 — 64		...	...	...	...	...	5	5
(4) Not working—65 and over		...	...	...	...	...	30	31
Total ...							47	57

The Cumberland and Westmorland Home and Workshops for the Blind acted as agents for the Corporation as regards workshop employment, sale of produce and welfare services for the blind.

One of the Home Teachers on the staff of the Home and Workshops for the Blind is employed solely on City cases, and the major portion of her salary is paid by the City Council.

The new premises of the Workshops for the Blind at Petteril Bank Road were occupied for the first time on 4th July, 1955. These are modern, well designed, single-storey premises built on land jointly owned by the City Council and the Cumberland County Council. The project has been financed jointly by the Ministry of Labour, the Voluntary Association, and the Local Authorities. The site is on the outskirts of the City in ideal surroundings and the factory stands in its own grounds. There is a hostel nearby which accommodates blind workers from away.

## **Welfare of the Deaf and Dumb**

The Carlisle Diocesan Association for the Deaf and Dumb acted as agents for the purpose of the welfare of these people. The Association has central premises in Carlisle which are available for religious, cultural and social purposes. It has, in addition, put accommodation at the disposal of the local Hard of Hearing Club.

There were in the City 58 deaf and dumb persons at the 31st December, 1955.

## **Other Handicapped Persons**

The Council's scheme for the welfare, etc., of such persons came into operation in February, 1954. By 31st December, 1955, only 11 persons had registered under the scheme. It must be understood, however, that unless a person is going to benefit by registration there is no reason why he should do so. The Disablement Resettlement Officer, with whom close liaison is maintained, brings the Council's scheme to the notice of all appropriate persons. During the year the Youth Employment Officer was successful, after much endeavour, in placing in open employment a young girl who was crippled and unable to walk as a result of poliomyelitis. It will be appreciated that in a small City such as Carlisle the opportunities for employing handicapped persons are limited.

**Epileptics.** Adult epileptics have not constituted a major social problem in the City. At present there is one male adult in an Epileptic Colony and for whose maintenance the City Council is responsible.

**Spastics.** It is still not yet possible to give an accurate figure of those above school age for whom provision is necessary. The Ministries of Health and Labour have now approved the employment of handicapped persons in the local Workshops for the Blind, and during the year one young woman aged 16 years, who suffers from cerebral palsy, was admitted to sheltered employment after her period of special schooling ended. The Council is augmenting the earnings of this young woman in accordance with its scheme made under Section 29 of the Act.

## **Homes Registered under Section 37**

There are 3 Homes registered under Section 37 of the National Assistance Act, 1948, whose main function is the reception of elderly or handicapped people. Two of these Homes provide accommodation for ladies only. The third is run by the Little Sisters of the Poor and has accommodation for both male and female residents. These premises were inspected at intervals during the year and found to be satisfactory.

### **Action Under Section 48**

During the year it was necessary for the City Council to provide temporary protection for the moveable property of an elderly lady who was admitted to hospital.

### **Action Under Section 50**

The City Council was responsible for the burial of the bodies of four persons who had died and in respect of whom no suitable arrangements for the disposal of the bodies had been made.

### **General**

The W.V.S. conducts one old people's dining club and continues to provide a "Meals on Wheels" service to old people, especially those living alone. The City Council gives a grant for this purpose. Visitation by invitation of the aged sick and bed-ridden continues to be undertaken by the W.V.S.

There are now 16 Old People's Clubs in the City, all of which are affiliated to the Old People's Welfare Council. Three of these clubs are run by the W.V.S., one by the Salvation Army, and five by other voluntary associations. All the clubs meet weekly.

The register of old people compiled by the Old People's Welfare Council was maintained during the year.

**SECTION VII**  
**ANNUAL REPORT OF THE**  
**CHIEF SANITARY INSPECTOR**





# ANNUAL REPORT

OF THE

**CHIEF SANITARY INSPECTOR,**

ERNEST BOADEN, A.M.I.San.E.

The preparation of an Annual Report, if it is to be of value and interest, must be the subject of careful, considered thought and presentation, requiring a good deal of time and labour. It should give a balanced picture of the work of the Department for the year under review and might conveniently sketch, in outline, hopes for the future. During 1955, however, the continued shortage of staff in the Sanitary Inspector's Section of the Department has been felt to an extent which has caused grave concern and appreciably limited its effectiveness. So much time has had to be given in supplementing the work of the District Inspectors that I have found it necessary to confine this report largely to the presentation of statistical information.

Whilst on the surface everything would appear to be normal, there is a feeling that the Department has lost some of its grip. It is noticeable that information is coming to the Department's knowledge long after it normally should. There is also a change in the nature of some of the complaints being received. Complaints which, with adequate inspection, would never have been allowed to materialise.

Another retrogression resulting from the staffing position is the limitation which has had to be imposed on the personal contact between inspector and the public. In work of a supervisory nature personal contact has been found to be invaluable. It is an undoubted fact that the daily presence of the District Sanitary Inspector in an area is the best insurance against evasion of its responsibilities, in Public Health matters, by one section of the public to another. In the same way the inevitable revisit at the specified time of an Inspector, following the service of a notice, is in itself an indication of the intention of the Department to see that justice is done to both sides. When this policy is carried out faithfully and has become generally known and respected it does much towards reducing the need to prosecute.

In relation to food hygiene, it has been found that where food handlers are concerned the knowledge that an Inspector of the Health Department is liable to visit their premises at any time does more towards promoting safe food handling practices than a constant flood of propaganda by notices, lectures and invocation.

The shortage of staff may also have its impact on the slum clearance problem. Within its restricted capacity the Department has

been collecting the information necessary to prepare the Council's plan to meet the requirements of the Housing Repairs and Rents Act, 1954. There are already indications that not only will the production of the final picture be delayed, but also the subsequent rate at which the programme will be put into operation.

With this somewhat gloomy picture I herewith present figures showing the work carried out by my section of the Department during the year 1955 and I would like to express my appreciation of the staff, who have accepted with equanimity the frustrations and difficulties inseparable from the present conditions.

## SANITARY INSPECTION OF THE DISTRICT

### 1. Number and Nature of Inspections

During the year 1955 the following inspections were made by the Sanitary Inspectors to the premises detailed:—

DWELLING HOUSES—Total Visits ... .. 941

### Public Health Act, 1936

Sec.		Visits
39	Provisions as to drainage, etc., of existing buildings ...	274
40	Provisions as to soilpipes and ventilation shafts ...	1
44	Insufficient or requiring reconstruction of sanitary accommodation ... ..	1
45	Buildings having defective closets capable of repair ...	56
46	Sanitary conveniences in workplaces, etc. ...	28
56	Yards, passages, to be paved and drained ...	19
58	Dangerous buildings ... ..	7
73	Removal of trade refuse ... ..	10
75	Dustbin provision ... ..	6
79	Mandatory removal of accumulations of noxious matter...	8
80	Removal of Manure, etc. ... ..	3
83a	Cleansing filthy premises ... ..	11
83b	Cleansing verminous premises . ... ..	25
92a	Premises in such a condition as to be prejudicial to health or a nuisance . ... ..	304
92b	Animals kept in such a manner as to be prejudicial to health or a nuisance ... ..	5
92c	Accumulation of deposit prejudicial to health or a nuisance ... ..	33
92d	Dust or effluvia prejudicial to health or a nuisance ...	15
92e	Overcrowded and ill-ventilated workplaces . ...	25
101	Any installation or chimney emitting smoke (observations) . ... ..	20
	Visit to boiler plants ... ..	8
107	Offensive trades . ... ..	9
138	Provision of water supplies ... ..	15
154	Prohibition of sales by rag dealers ... ..	—

89	Inns, refreshment houses, etc. ...	1
	Cinemas, Theatres, etc. . ...	9
240	Provision of common lodging houses ...	17
	Houses let in lodgings ...	2
259	Nuisances from watercourses, etc. ...	23
268	Nuisances from tents, van, sheds ...	179

## INFECTIOUS DISEASE

	Food poisoning investigations ...	13
	Other investigations ...	66

## FOOD AND DRUGS ACT, 1938, ETC.

### Premises Visited:

	Bakehouses ...	48
	Butchers ...	61
	Fried fish shops ...	11
	Ice cream ...	48
	Meat preparation premises ...	41
	Market stalls ...	75
	Public houses, inns, etc. . ...	1
	Restaurants and cafes ...	19
	Street vendors, barrows, etc. ...	—
	School canteens ...	15
	Other food premises (grocers, etc.) ...	137
	Slaughterhouses . ...	85
	Bacon Factory ...	80
	Pasteurising plants ...	26
	Dairies ...	29
	Cowsheds ...	4
	Milk Distributors . ...	4

## MEAT AND FOOD INSPECTION

	Shops, etc. . ...	499
	Slaughterhouses ...	321
	Bacon Factory ...	580

## HOUSING ACTS, 1936-1954, ETC.

	Houses inspected and recorded, 1936 Act ...	87
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### Sec.

9, 10, 16	Repairs ...	—
11, 13	Demolitions ...	60
12	Closing ...	34
25	Clearance and Re-development Areas ...	80
4	Information to be given to tenants ...	5
62	Permitted nos. in rent books . ...	5
66	Overcrowding ...	8
1949 Act—	Improvement Grants ...	12
1954 Act—	Certificates of Disrepair . ...	10

## PREVENTION OF DAMAGE BY PESTS ACT, 1949

Inspection of Local Authority Premises ... ..	6
Inspection of Agricultural Premises ... ..	2
Inspection of Business Premises ... ..	34
Inspection of Dwelling houses ... ..	39

## FACTORIES ACT, 1937

Sec.

7 Factories with mechanical power ... ..	66
1, 2, 3, 4, 6, 7 Factories without mechanical power ... ..	11
110 Outworkers ... ..	1

## OTHER INSPECTIONS:—

Stables ... ..	3
Piggeries . ... ..	3
Public Conveniences, etc. ... ..	63
Swimming baths and pools ... ..	2
Refuse tips, etc. ... ..	1
Fertilisers and Feedingstuffs Act, 1926 ... ..	3
Agric. produce, grading and marking . ... ..	—
Pharmacy and Poisons Act, 1933 ... ..	7
Shops Act, 1950 ... ..	135
Merchandise Marks Act, 1926 . ... ..	25
Land Charges inspections .. ...	21
Pet Animals Act, 1951 ... ..	6
Miscellaneous ... ..	127
Interviews ... ..	241

## LIST OF CONTRAVENTIONS

### PUBLIC HEALTH ACT, 1936

Sec.	Found.	Abated.
23 Maintenance and clearing of public sewers...	—	—
39 Provisions as to drainage, etc., of existing buildings ... ..	69	76
40 Provisions as to soil pipes and ventilating shafts ... ..	1	1
44 Buildings having insufficient closet accommodation, or closets requiring reconstruction	1	1
45 Buildings having defective closets capable of repair . ... ..	26	24
46 Provision of sanitary conveniences in work-places . ... ..	—	2
56 Surface drainage of yards and passages ...	2	3
58 Dangerous structures ... ..	—	—
75 Provision of regulation dustbins ... ..	1	—
83 Cleansing of filthy or verminous premises ...	2	—



92a	Premises in such a state as to be prejudicial to health or a nuisance ... ..	67	79
92b	Any animal kept in such a place or manner as to be prejudicial to health or a nuisance	—	—
101	Smoke nuisances . ... ..	—	1
138	Provision of water supply to houses ... ..	2	2
259	Nuisances, Ponds, Ditches, etc. ... ..	1	2
268 (2) (a)	Tents, vans and sheds, overcrowding	—	1
268 (2) (b)	Lack of proper sanitary accommdtn.	—	1
269	Controlling use of moveable dwellings ...	2	4
Totals ...		174	197

## HOUSING ACT.

Sec.		Found.	Abated.
4	Information to be given to tenants of working class houses ... ..	1	2
62	Entries in rent books, information and certificates with respect to the permitted numbers ... ..	1	2
Totals ...		2	4

## FOOD AND DRUGS ACT.

Sec.		Found.	Abated.
13a	Situation of sanitary accommodation ...	—	—
13b	Drainage within room ... ..	—	—
13c	Repair of walls, floors, ceilings, etc. ... ..	5	3
13d	Cleansing and painting of walls, floors, etc.	17	15
13f	Provision and maintenance of adequate ventilation ... ..	1	2
13g	Accumulation of refuse, filth, etc., cleansing of floors ... ..	6	4
13h	Cleanliness of persons, room, articles, etc....	3	2
13i	Provision of wash-hand basin, soap, hot and cold water and towels ... ..	4	18
Bye-Laws.			
4a	Food protected from contamination (flies, dust, rodents) . ... ..	13	7
4c	Cleansing of surfaces with which food may come into contact . ... ..	2	2
5c	Deposit of refuse near food at risk of contamination . ... ..	1	—
6a (i)	Provision of suitable receptacles for refuse ... ..	8	2
6a (ii)	Daily refuse removal ... ..	2	2
6b	Provision of adequate lighting to room ...	—	2
6c	Suitability of surfaces with which food is likely to come into contact . ... ..	8	10
5d	Fixture of notices requesting employees to wash hands ... ..	4	1
Totals ...		74	70

# SHOPS ACT, 1950.

Sec.		Found.	Abated.
1	Closing of shops on weekly half-holidays ...	3	—
2	1 (b) General closing hours ... ..	3	—
13	1 Shops with several trades open (after general closing hours) ... ..	3	2
	2 Shops with several trades open (after clos- ing hour fixed by Closing Order) . ...	3	—
37	2 Notice re seats for female shop workers ...	—	1
50	Sunday trading ... ..	—	2
38	1 (a) Suitable and sufficient means of ven- tilation . ... ..	—	1
	1 (b) Suitable and sufficient means of provid- ing reasonable temperature ... ..	—	1
	2 Suitable and sufficient sanitary conveni- ences ... ..	1	—
	4 Suitable and sufficient washing facilities ...	1	1
Totals ...		14	8

# FACTORIES ACT, 1937

Sec.		Found.	Abated.
1	Want of Cleanliness ... ..	1	1
4	Ventilation ... ..	—	1
Sanitary Accommodation—			
7	Insufficient provided ... ..	2	—
	Not provided separate for sexes ... ..	1	—
	Maintenance ... ..	—	3
	Cleanliness ... ..	—	4
	Adequate lighting . ... ..	—	2
Reg.			
6	Privacy, doors, etc. ... ..	1	1
	Accessibility ... ..	—	1
Totals ...		5	13

# PREVENTION OF DAMAGE BY PESTS ACT, 1949

Sec.		Found.	Abated.
4	Notice requiring execution of works . ...	2	3

# PHARMACY AND POISONS ACT, 1933

Sec.		Found.	Abated.
18	(1) (b) (ii) Unauthorised sale of poisons ...	—	—

# MERCHANDISE MARKS ACT, 1926

Failure to bear indication of origin ... ..	47	47
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# SUMMARY OF COMPLAINTS, CONTRAVENTIONS and NOTICES SERVED

	Complaints Received	CONTRAVENTIONS		NOTICES		STAT. NOTICES	
		Found	Abated	Served	Abated	Served	Abated
Public Health ....	255	174	197	119	126	15	14
Food and Drugs ....	9	74	70	22	28	—	—
Shops ....	—	14	8	5	8	—	—
Factories ....	2	4	11	2	6	—	—
Housing....	14	2	4	1	3	—	—
Rodent Control ...	453	—	—	2	3	—	—
Pharmacy and Poisons	—	—	—	—	—	—	—

## HOUSING

The Health Statistics relative to housing are as follows:—

Number of new houses erected in the Borough during the year:—

1. Erected by the Local Authority.	Temporary ...	Nil
	Permanent ...	413
2. Erected by other persons, or bodies ... ..	...	99
3. Houses demolished ... ..	...	52

## HOUSING STATISTICS

Inspection of Dwelling-houses during the year.

1. (a) Total number of dwelling-houses inspected for housing defects (under the Public Health or Housing Acts)	294
(b) Number of inspections made for the purpose ... ..	862
2. (a) Number of dwelling-houses (included under Sub-head 1 (a) above which were inspected and recorded under the Housing Consolidated Regulations, 1926 ... ..	87
(b) Number of inspections made for the purpose ... ..	216
3. Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ..	87
4. Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ...	128

Remedy of Defects during the year without Service of Formal

Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers . . . . .	112
Number of back-to-back houses made into through houses	—
Number of houses demolished ... ..	9

## Action under Statutory Powers during the Year.

A. Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:

1. Number of dwelling-houses in respect of which notices were served requiring repairs ... ..	Nil
2. Number of dwelling-houses which were rendered fit after service of formal notices:—	
(a) by owners ... ..	Nil
(b) by Local Authority in default of owners ... ..	Nil

B. Proceedings under Public Health Acts:—

1. Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... ..	15
2. Number of dwelling-houses in which defects were remedied after service of formal notices:—	
(a) by owners ... ..	12
(b) by Local Authority in default of owners ... ..	Nil

C. Proceedings under Sections 11 and 13 of the Housing Act, 1936:				
1.	Number of dwelling-houses in respect of which Demolition Orders were made	...	...	19
2.	Number of dwelling-houses demolished in pursuance of Demolition Orders	...	...	43
3.	Number of dwelling-houses in respect of which an undertaking was accepted under Sub-Section (2) of Section 11	...	...	8
D. Proceedings under Section 12 of the Housing Act, 1936:—				
1.	Number of separate tenements or underground rooms in respect of which Closing Orders were made	...	...	4
2.	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	...	...	Nil
E. Proceedings under the Local Government (Miscellaneous Provisions) Act, 1953:—				
	Number of dwelling-houses in respect of which Closing Orders were made	...	...	2

### FACTORIES ACTS, 1937 and 1948

#### 1. Inspection for purposes of provisions as to health (including inspections made by Sanitary Inspectors).

PREMISES	Number on Register	NUMBER OF		Occupiers Prosecuted
		Inspections	Written Notices	
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authority.	85	11	—	Nil
(ii) Factories not included in (i) in which Sec. 7 is enforced by the Local Authority.	357	66	1	Nil
(iii) Other Premises in which Section 7 is enforced by the Local Authority.	14	8	1	Nil
TOTAL	456	85	2	Nil



## 2. Cases in which defects were found.

PARTICULARS	Number of cases in which defects were found				Number of cases in which prosecutions were Instituted
	Found	Remedied	Referred		
			to H.M. Inspec.	by H.M. Inspec.	
Want of Cleanliness (Sec. 1) ....	1	1	—	1	—
Overcrowding (Sec. 2)	—	—	—	—	—
Unreasonable Temp. (Sec. 3) ....	—	—	—	—	—
Inadequate Ventilation (Sec. 4) ....	—	1	—	—	—
Insufficient Drainage (Sec. 6) ....	—	—	—	—	—
Sanitary Conveniences (Sec. 7)					
(a) Insufficient ....	2	—	—	2	—
(b) Unsuitable or defective ....	1	6	—	1	—
(c) Not separate for sexes ....	—	—	—	—	—
Other offences against Act (not including offences relating to Outwork) ....	—	—	—	—	—
TOTAL	4	8	—	4	—

## OUTWORKERS

There were 2 outworkers registered within the City during the year.

## INSPECTION AND SUPERVISION OF FOOD

### MILK SUPPLY

Milk and Dairies Regulations, 1949.

No. of milk distributors on the Register ... 18

No. of Dairies on the Register ... 7

The Milk (Special Designations) (Raw Milk) Regulations, 1949.

No. of Dealers licensed to use the designation "Tuberculin Tested" ... 19

The Milk (Special Designations) (Pasteurised and Sterilised) Regulations, 1949 to 1953.

No. of Dealers (Pasteurisers) licences ... 3

No. of Dealers licensed to use the designation Pasteurised ... 17

No. of Dealers licensed to use the designation Sterilised ... 3

75 samples of milk were submitted for bacteriological examination. All were samples of designated milk, of which 14 failed to pass the tests prescribed by the Milk (Special Designations) Regulations, 1936-49.

The following tables give the information in detail:—

### HEAT TREATED MILK

DESIGNATION	No. of Samples	Meth. Blue		Phosphatase		Turbidity Test		Unsatisfactory Samples Percentage
		Pass	Fail	Pass	Fail	Pass	Fail	
T. T. Past 'rised	23	22	1	20	—	—	—	4.35
T.T. Past'rised (Schools) ....	—	—	—	—	—	—	—	—
Pasteurised ...	24	23	1	21	1	—	—	8.33
Pasteurised (Schools) ....	—	—	—	—	—	—	—	—
Sterilised	—	—	—	—	—	—	—	—
TOTAL ...	47	45	2	41	1	—	—	6.38

### MILK OTHER THAN HEAT TREATED

DESIGNATION	No. of Samples	PASSED Meth. Blue	FAILED Meth. Blue	Unsatisfactory Samples Percentage
Tuberculin Tested	19	14	5	26.31
T.T. Jersey	9	3	6	66.66
TOTALS ...	28	17	11	39.28

Of the number of unsatisfactory samples of Tuberculin Tested milks, 8 were from 3 producers and 3 were mixed milks from one bottling plant. All this milk was produced outside the City. Notification of these results and requests for investigation were made to the County Milk Production Officer.

## EXAMINATION FOR TUBERCLE BACILLI

3 samples of milk were submitted for biological examination. None was positive.

The yearly quantities of milk dealt with and sold in the City are as follows:—

	Dealt with Gallons	Sold Gallons
Tuberculin Tested ... ..	9,358,505	185,700
T.T. (Pasteurised) ... ..	355,919	155,600
Pasteurised . ... ..	3,171,713	1,481,095
Undesignated ... ..	6,406,746	—
Sterilised ... ..	—	16,000
<b>TOTAL ...</b>	<b>19,292,883</b>	<b>1,838,395</b>

77,047 gallons of Pasteurised Milk included in the above were supplied to Schools and School Canteens.

89.9 per cent. of all milk consumed in the City is Heat Treated.

## INSPECTION OF FOOD PREMISES

### FOOD BUSINESSES EXISTING IN THE CITY

Bakers—Shops and Bakehouses ... ..	94
Butchers ... ..	86
Fish Shops ... ..	14
Fruit and Vegetables ... ..	50
General Dealers whose primary business is that of Grocer ...	207
Sweet Shops ... ..	44
Licensed Premises—Inns ... ..	51 )
Hotels ... ..	4 )
Hotels ... ..	9
Restaurants and Cafes . ... ..	31
Food Manufacturing Premises ... ..	12
Chemists ... ..	28
School Canteens . ... ..	13
School Kitchens . ... ..	10
Fried Fish Shops ... ..	32

## ICE CREAM PREMISES

The following table indicates the number of ice cream premises registered at December, 1955:—

Number of Wholesale Manufacturers ... ..	1
Number of Wholesale Manufacturers Storage Only ...	2
Number of Manufacturing Retailers ... ..	18
Number of Retail Vendors . ... ..	142

In the case of retailers, 141 or 88.1 per cent. deal exclusively in the pre-packed article.

48 visits were made to premises concerned.

## INSPECTION OF OTHER FOODS

The following table shows the amount of food declared to be unfit for human consumption during 1955:—

	T.	C.	Q.	lb.	T.	C.	Q.	lb.
Meat and Meat Products	1	4	2	23				
Fish and Poultry ...	—	6	3	23				
Canned Meat ...	1	15	1	13				
Miscellaneous ...	1	0	3	5				

TOTAL 4 7 3 8

Other Canned Foods: 2,273 cans.

## MEAT INSPECTION

The following tables give the number of animals killed annually during the past four years:—

### PUBLIC ABATTOIR

Year	Cattle	Sheep and Lambs	Calves	Pigs	Total
1952	4,839	21,038	2,926	1,475	30,278
1953	4,314	17,466	4,961	2,767	29,508
1954	4,782	26,046	4,061	6,388	41,277
1955	5,784	21,294	563	6,710	34,351

### HARRABY BACON FACTORY

1952	—	—	—	167,258	167,258
1953	—	—	—	173,566	173,566
1954	—	—	—	174,150	174,150
1955	—	—	—	143,199	143,199

Amount of Imported Meat received at the Abattoir during the year:—

Quarters of  
Beef  
67

Carcases of  
Mutton & Lamb  
234

Legs of  
Pork  
293

Number of carcasses examined at the Abattoir after emergency slaughter was 1,468.

**PUBLIC SLAUGHTERHOUSES**  
**Carcases Inspected including those Condemned**

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed ....	4192	1592	563	21294	6710	—
Number inspected ....	4192	1592	563	21294	6710	—
<b>ALL DISEASES EXCEPT TUBERCULOSIS</b>						
Whole carcasses condemned ....	10	61	44	96	6	—
Carcase of which some part or organ was condemned ....	1102	711	20	1652	240	—
Percentage of the number inspected affected with disease other than tuberculosis ....	26.5	48.49	11.36	8.2	3.6	—
<b>TUBERCULOSIS ONLY</b>						
Whole carcasses condemned ....	8	4	3	—	2	—
Carcase of which some part or organ was condemned ....	158	151	12	—	115	—
Percentage of the number inspected affected with tuberculosis ....	3.9	9.7	2.6	—	1.7	—
<b>CYSTICERCOSIS</b>						
Carcases of which some part or organ was condemned ....	13	2	—	—	—	—
Carcases submitted to treatment by refrigeration ....	13	2	—	—	—	—
Generalised and totally condemned ....	—	—	—	—	—	—

**Table showing number of Carcasses and Part Carcasses condemned for diseases other than Tuberculosis.**

DISEASE OR CONDITION	Whole Carcasses				Part Carcasses			
	Cattle	Sheep	Pigs	Calves	Cattle	Sheep	Pigs	Calves
Abscesses and Suppurative Conditions ....	1	—	—	—	9	10	2	—
Arthritis and Atrophy ....	—	4	1	—	2	19	18	—
Actinobacillosis ....	—	—	—	—	2	—	1	—
Anasarca ....	1	—	—	—	—	—	—	—
Blackquarter ....	—	—	—	1	—	—	—	—
Cancer ....	1	3	—	1	—	—	—	—
Emaciation—Ill-set ....	24	23	—	3	—	—	—	—
Endocarditis (Ulcerative) ....	—	1	—	—	—	—	—	—
Entero-Toxæmia ....	—	1	—	—	—	—	—	—
Febrile Condition—Ill-bled ....	—	2	—	—	—	—	—	—
Gangrene ....	1	2	—	—	—	—	—	—
Hydræmia ....	—	2	—	—	—	—	—	—
Immaturity ....	—	1	—	13	—	—	—	—
Inflammatory diseases :—								
Pneumonia, Pleurisy, Peritonitis ....	—	3	—	1	2	12	2	—
Injuries ....	4	4	1	—	43	28	14	1
Jaundice ....	1	—	—	3	—	—	—	—
Johne's Disease ....	3	—	—	—	—	—	—	—
Mastitis ....	1	1	—	—	6	—	—	—
Moribund ....	—	13	—	4	—	—	—	—
Muscular Dystrophy ....	1	—	—	—	—	—	—	—
Oedema ....	23	12	—	9	5	7	16	—
Post-mortem Putrefaction ....	3	14	—	—	1	2	—	—
Pyæmia, Joint Ill, Navel Ill ....	3	1	—	4	—	—	—	—
Pyrexia ....	2	2	—	3	—	—	—	—
Septicæmia ....	—	—	1	—	—	—	—	—
Septic Pneumonia ....	—	4	1	2	—	8	—	—
Septic Metritis ....	1	2	—	—	—	—	—	—
Swine Erysipelas ....	—	—	—	—	—	—	1	—
Toxaemia ....	1	—	—	—	—	—	—	—
Trichinae Spiralis ....	—	—	1	—	—	—	—	—
Tumours ....	—	1	—	—	—	—	—	—
Uraemia ....	—	—	1	—	—	—	—	—
Urticaria ....	—	—	—	—	—	—	8	—
WHOLE CARCASSES ....	71	96	6	44	—	—	—	—
PART CARCASSES ....	—	—	—	—	70	86	62	1



## DISEASED AND UNSOUND FOOD

The following table shows the amount of food declared to be unfit for human consumption during 1955:—

### PUBLIC SLAUGHTERHOUSES:

	T.	C.	Q.	lb.	T.	C.	Q.	lb.
Beef . . . . .	15	15	1	14				
Beef offals ... ..	15	9	1	3				
Mutton . . . . .	2	4	3	16				
Mutton offals ... ..	2	9	2	4				
Veal . . . . .	1	3	1	10				
Veal offals ... ..	—	6	—	18				
Pork . . . . .	1	13	3	9				
Pork offals ... ..	—	10	—	23				
	<hr/>				39	12	2	13

### HARRABY BACON FACTORY:

Pork . . . . .	28	5	1	1				
Offals .. . . .	59	10	1	13				
	<hr/>				87	15	2	14

## FOOD AND DRUGS ACT—ADULTERATION

During the year 15 formal and 34 informal samples of foods and drugs, purchased under the provisions of the Food and Drugs Act, 1938, were submitted to the Public Analyst.

Table 38 shows the number and results of the analyses of samples obtained.

Table 39 shows the average composition of milk examined during the year.

Table 40 shows the action taken in respect of samples reported by the Public Analyst as not being genuine or otherwise irregular.

## FOOD AND DRUGS ACT, 1936. SECTION 6.

### ADVERTISING, LABELLING AND COMPOSITION OF FOOD

Sweets displayed for sale, principally rum and butter toffees and imperial butter drops, were below 4 per cent. butter-fat content. In all cases the title was qualified by addition of the word "Flavour," but in size of lettering entirely disproportionate to the main title. Representation was made to the manufacturers, who withdrew the existing labels and substituted new labels with letters of a size acceptable to this Department.

**TABLE 38**

ARTICLES	No. of Samples		No. Genuine		No. NOT Genuine	
	Formal	Informal	Formal	Informal	Formal	Informal
Beef Suet ...	—	1	—	1	—	—
Bread & Butter	—	2	—	—	—	2
Bread Roll ...	—	1	—	—	—	1
Butter ..	—	1	—	1	—	—
Cake Mixture	—	2	—	2	—	—
Colourings ...	—	1	—	1	—	—
Condiments ...	—	1	—	1	—	—
Drugs ...	—	1	—	1	—	—
Flavourings ...	—	7	—	7	—	—
Golden Raising Powder ...	—	2	—	2	—	—
Junket ...	—	1	—	1	—	—
Marzipan ...	—	1	—	1	—	—
Milk ...	15	—	13	—	2	—
Mint Jelly ...	—	1	—	1	—	—
Oatmeal ...	—	1	—	—	—	1
Orange Squash ...	—	1	—	1	—	—
Rum Butter ...	—	2	—	2	—	—
Soup—dried	—	2	—	2	—	—
Sweets— toffees ...	—	5	—	5	—	—
Table Cream	—	1	—	1	—	—
TOTALS ...	15	34	13	30	2	4

**TABLE 39**

Average Percentage Composition of Milk examined during the year.

PERIOD	No. of Samples	Milk Fat %	Solids not Fat %
1st Quarter ....	3	3.52	8.26
2nd Quarter ....	—	—	—
3rd Quarter ....	6	3.99	8.86
4th Quarter ....	6	3.83	8.86
Year ending 31st December, 1955 ....	15	3.83	8.66

TABLE 40

Action taken in respect of samples reported by the Public Analyst not to be genuine or otherwise irregular.

Sample No.		Article	Nature of Adulteration	Action Taken
Formal	Informal			
I	—	Milk ....	Below standard in solids not fat. Contained not less than 12% added water.	Two appeal samples were of genuine quality. Vender prosecuted—Fined £10.
—	4	Roll	Showed a small nodule of a very marked black substance. In the opinion of the Analyst nothing associated with filth was present. Material probably originated from some defect in the manufacturer's machinery, a portion of dough becoming impregnated with grease and later heated and charred.	The manufacturers, when communicated with, undertook to tighten up still further their already comprehensive methods of systematic inspection.
—	40	Oatmeal	Contaminated by mouse excrement.	This sample originated from a retail customer and was ultimately traced back to the wholesaler. Bulk supplies were found not to be contaminated but extensive Rodent Control measures were instituted.
—	41	Bread & Butter	Butter proved to be a mixture containing Margarine.	Vendor immediately took steps to indicate by notice to his customers that such an admixture would at all times be sold.

TABLE 40 (continued)

—	42	Bread & Butter	Butter proved to be a mixture containing Margarine.	Vendor forthwith ceased the sale of an admixture of Butter and Margarine and indicates that Butter alone is served in his establishment.
47	—	Milk ...	Deficient in fat to extent of 10% and in solids not fat.	The Analyst reported— “Although the non-fatty solids fall below the limit of 8.5% for non-fatty solids in milk set up in the Sale of Milk Regulations, 1939, the freezing point falls within accepted limits for genuine unwatered milk, therefore the sample is of genuine quality in this respect although below standard.” Subsequent samples proved satisfactory.







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